Form **990**

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.

2017

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Inte	artment of ti rnal Revenu	he Treasury e Service	► Go to www.irs.gov/Form990for instructions and the latest in	formation.		Inspection	D
A	For the 2	2017 calend	dar year, or tax year beginning , 2017, and ending			,	
В	Check if ap	plicable	С	D En	iployer iden	rtification number	
	Addre	ss change 🚤	RESPONSIBLE BUSINESS ALLIANCE		6-1417		
	X Name	change	1737 KING STREET #330		ephone nun		
	Initial	return	ALEXANDRIA, VA 22314	5	<u>71-858</u>	3- <u>5</u> 720	
	\vdash	tum/terminated				A	
	\vdash	ded return		G Gro	oss receipts		
	Applic	ation pending	ROBERT LEDERER / \/	• •		ب. ا	\vdash
_	Tau avan		SAME AS C ABOVE	Are all subordin if 'No,' attach a	list (see in	istructions) Tes	
<u> </u>		npt status	501(c)(3) X 501(c) (6) (insert no) 4947(a)(1) or (57)				
K	Websit	organization	TP://WWW.RESPONSIBLEBUSINESS.ORG/	n 2007		legal domicile DC	
		Summar		2007	IVI State of	tegal domicile DC	
			be the organization's mission or most significant activities: THROUGH TH	E APPLICA	TTON (OF SHARED	
۵.	~~i		S AND TOOLS, RBA BELIEVES THEY CAN CREATE BETT				
nce.	Ē		ENTAL OUTCOMES FOR ALL INVOLVED IN THE ELECTRON				
E							
Governance	2 Ch		x If the organization discontinued its operations or disposed of more	than 25% of it		ets	
ত ত			ting members of the governing body (Part VI, line 1a) dependent voting members of the governing body (Part VI, line 1b)		3		11
es	1		of individuals employed in calendar year 2017 (Part V, line 2a)		5		<u>11</u> 18
Activities &	1		of volunteers (estimate if necessary)		6		250
Act	1		d business revenue from Part VIII, column (C), line 12		7a		0.
	b Ne	t unrelated	business taxable income from Form 990-T the		7b		0.
			and grants (Part VIII, line 1h)	Prior Ye		Current Y	
ē	8 Co	ntributions	and grants (Part VIII, line 1h)		500.		<u>,745.</u>
Revenue	9 Pro	ogram serv vestmost in	come (Part VIII, column (A) lines 3 4 and 77		757.	12,342	
æ	10 Inv	her revenu	e (Part VIII, column (A), lines 5, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	16	,293.		<u>,763.</u>
	12 To	tal revenue	and grants (Part VIII, line 1h) rice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6g 8c, 9c, 10c, and 1 an	10,005	5.550	12,453	.128
			milar amounts paid (Part IX, column (A), was 1-3)	20,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12,100	<u>,</u>
	1	nefits paid					
	15 Sa	laries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)	2,057	,696.	2,657	,660.
Ses	16a Pro	ofessional	fundraising fees (Part IX, column (A), line 11e)				
Expenses	b To	tal fundrais	ing expenses (Part IX, column (D), line 25) ▶				
ũ	17 Ot	her expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	7, 751	,750.	9,187	. 095
			es Add lines 13-17 (must equal Part IX, column (A), line 25)		,446.	11,844	
			expenses Subtract line 18 from line 12		,104.		,373.
8 8				Beginning of Cu		End of Ye	
Assets or	20 To		Part X, line 16)	6,900	,149.	7,985	,670.
A A	21 To	tal liabilitie	s (Part X, line 26)	3,213	,633.	3,690	,781.
P. Set	22 Ne	t assets or	fund balances Subtract line 21 from line 20	3,686	5,516.	4,294	<u>,</u> 889.
P	IDW .	Signatuı	e Block				
Unde	er penalties o	f perjury, I decl	are that I have examined this return, including accompanying schedules and statements, and to the best of rer (other than officer) is based on all information of which preparer has any knowledge	my knowledge and b	elief, it is tru	e, correct, and	
			A A A A A A A A A A A A A A A A A A A	1		0016	
c:		Signeto	Sold Adol	Date	101	×0.19	
Sig He	gn re				י מזמי		
116	16		ERT LEDERER print name and title	EXECUTIVI	S DIK.	·	
			reparer's name Preparer's signature Date	Check	ıf	PTIN	
Pa	id	"	1 Som Som chill	8 self em		P00297218	l
	iu eparer					1.0023/210	
	e Only	Firm's addre		Firm's 8	IN ► 52-	-1185156	,
	•		ROCKVILLE, MD 20850	Phone i		948-4400	
May	the IRS	discuss th	s return with the preparer shown above? (see instructions)			X Yes	No
BA	A For Pa	perwork R	eduction Act Notice, see the separate instructions. TEEA	0113L 08/08/17		Form 99 0	

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Forn	1 990 (2017) RI	ESPONSIBLE BUS	INESS ALLIA	NCE		26-1	4177 9	6	F	age 2
Pa		ent of Program S								
		Schedule O contains a		to any line in this P	art III					X
1	-	the organization's mis	sion							
	SEE SCHEDU	LE_O								
	Did the organizati	lion undertake any sig	nificant program s	envices during the v	ear which were n	of listed on the prior				
2	Form 990 or 990	• •	rillicant program s	ervices during the y	car which were n	or listed on the phor		Yes	Y	No
		these new services o	n Schedule O.				Ц		11	
3	•	tion cease conducting		nt changes in how i	t conducts, any p	rogram services?	П	Yes	X	No
	•	these changes on Sc	-	•		_	L.,			
4	Describe the org	anization's program se	ervice accomplishr	nents for each of its	three largest pro	gram services, as me	asured	by ex	pens	es
	Section 501(c)(3)) and 501(c)(4) organi iny, for each program	zations are require	d to report the amo	unt of grants and	allocations to others,	the tot	al exp	enses	5 ,
	and revende, in a	my, for each program	service reported.							
	(Code.) (Expenses \$		including grants of	Ś) (Revenue	\$	•		
•••		SERVICES - RI	BA MEMBERSHI			 ′ `		OR		
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		TO THE PRIMARY								·
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	(Code.) (Expenses \$		including grants of	<u> </u>) (Revenue	\$	<u>-</u>		
40	`	NDUCT PROGRAMS	- FOCUSES					CAFE	ייייי	—′
		VIRONMENT, ANI		~						-
		MANY INTERNAT						<u>-</u>		
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4 c	(Code) (Expenses \$		including grants of) (Revenue		mrr	ידי)
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		ALL VALIDATED		~ <i></i>				:		
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4 d		ervices (Describe in Sc	•							
	(Expenses \$		including grants	of \$) (Re	evenue \$)	
_ 4 e	Total program se	rvice expenses 🕨								

RCD.	F	1	M	
26-141779	<u>6</u>	F	Page 3	
		Yes	No	
)? If 'Yes,' complete				
5)?	2	_	$\frac{x}{x}$	
opposition to candidates				
pposition to candidates	3		X	
ection 501(h) election	4			
ership dues, chedule C, Part III	5	Х		
ch donors have the right es,' complete Schedule D,	6		х	
e open space, the	7		X	
ssets? If 'Yes,'	8		х	
y, serve as a custodian or debt negotiation	9		X	
cted endowments,	10		х	
D, Parts VI, VII, VIII, IX,				
Yes,' complete Schedule	11 a	Х		
is 5% or more of its total	11 b		x	
t is 5% or more of its total	11 c		X	
ts total assets reported	11 d		Х	
Schedule D, Part X	11 e	X		
ootnote that addresses e Schedule D, Part X	11 f	Х		
? If 'Yes,' complete	12a		Х	
e tax year? If 'Yes,' and optional	12 b	Х		
:	13		Х	
	14a	Х		
aking, fundraising, reign investments valued	14b	Х		
assistance to or for any	15		х	
s or other assistance to				

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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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
١	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	Х	
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
	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	11 f	Х	
,	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e	Х	
,	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	11 d		Х
,	c 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	11 c		Х
ı	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	11 b		X
;	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI	11 a	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
10		10		x
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		X
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		X
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	Х	
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		
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		X
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
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		Х
٠			Yes	No

Form 990 (2017) RESPONSIBLE BUSINESS ALLIANCE Partity Checklist of Required Schedules (continued)

`			Yes	No
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
t	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		Х
ı	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		
(I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		_
ŀ	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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III			
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)			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Χ
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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	v	X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
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	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
t	olf '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	35ь	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	х	
BAA		Form	990 (2017)

RESPONSIBLE BUSINESS ALLIANCE 26-1417796 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 13 1 b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c X 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 18 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a **b** If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account) 4 a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b X c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring 8 organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12 a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13 a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13 c

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

14 a

14b

X

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

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management			
			Yes	No
1	a 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 11			
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		X
2	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		Х
4	Did the organization make any significant changes to its governing documents] _]		,,
_	since the prior Form 990 was filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
	Did the organization have members or stockholders? a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	6	X	
	members of the governing body?	7 a	X	
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7Ь		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
	a The governing body?	8a	Х	
	b Each committee with authority to act on behalf of the governing body?	8ь	Х	-
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		X
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Rev	enue	Code	9)
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a		X
	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?	10 ь		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a		Х
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12Ь	Х	
	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		X
13	Did the organization have a written whistleblower policy?	13		X
	Did the organization have a written document retention and destruction policy?	14	Х	
	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?			
	a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O	15 a	Х	
	b Other officers or key employees of the organization.	15 ь	^	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	130		
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		v
	taxable entity during the year?	16 a		Х
	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?	16 b		
Se	ction C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ► VA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s of for public inspection. Indicate how you made these available. Check all that apply	ıly) av	aılable	 e
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availab the public during the tax year SEE SCHEDULE O	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records >			
	THE ALLIANCE 1737 KING STREET STE 330 ALEXANDRIA VA 22314 571-858-5720			

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Form 990 (2017)

Rart VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (C) Position (do not check more than one box, unless person is both an officer and a (B) **(E) (F)** (A) Name and Title Reportable compensation from Reportable compensation from related organizations (W 2/1099 MISC) Estimated amount of other compensation Average hours director/trustee) per Officer the organization (W 2/1099 MISC) employee Individual trustee Institutional Key employee Highest compensated Former from the organization and related hours for related organizations organiza I trustee below dotted (1) CAROLYN DURAN, PHD 1 0. BOARD CHAIR 0 X Х 0 0 (2) ANTHONY DEPAOLI 1 0. DIRECTOR 0 Х 0 0. (3) MARCO BAREN 1 DIRECTOR 0 X 0 0 0. (4) GLENN LEON 1 0<u>.</u> 0 Х 0 DIRECTOR 0 (5) KATHLEEN SHAVER 1 PAST CHAIR 0 Х 0 0 0. (6) HARINDER JEET KAUR 1 0. DIRECTOR 0 X 0 0 (7) ROBERT LEDERER 40 375,553 EXECUTIVE DIR. 0 Х Х 0 44,862. (8) HAMLIN METZGER 1 DIRECTOR 0 X 0 0. 0. (9) TODD MELENDY 1 TREASURER 0 X X 0 0 0. (10) MIKE MESTON 1 DIRECTOR ō X 0 0. 0. (11) MARK PRINGLE 1 Х DIRECTOR 0 0 0 0. PAULA PYERS 1 VICE CHAIR 0 Х 0 0 0. (13) STEPHEN MOLONEY 40 X CFO 0 136,308 0 8,988. (14) DEBORAH ALBERS 40 VP OPERATIONS Х 0 187,634 0. 5,500.

TEEA0107L 08/08/17

Part VIII Section A. Officers, Directors, Tr	ustees,	Key	En	npl	oye	ees,	an	d Highest Cor	npensated En	nployees (conti	nued,
,	(B)			((2)						
(A) Name and title	Average hours per	∫ box,	unle	heck ss pe	erson	e than is bot or/trus	h an	compensation from	(E) Reportable compensation from	(F) Estimated amount of other	
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	relatéd organizations (W 2/1099 MISC)	compensation from the organization and related organizations	
(15) JAMES MITCHELL DIRECTOR	<u> 40</u> -					X	-	227,406.	0	. 27,22	 >7
(16) CARLOS BUSQUETS	40	-					-				
DIR. PUBLIC POLICY (17) LEAH BUTLER	40	-			_	Х	-	168,364.	0	. 26,90	<u> 10 .</u>
CFSI PROGRAM DIR.	0				ļ 	Х	_	157,083.	0	. 10,84	12.
(18) KENNETH ANDERSON IT DIRECTOR	- <u>40</u> -					х		152,602.	0	. 26,88	34.
(19)											
(20)											
(21)			7	-							
(22)										- 	
(23)											
(24)											
(25)											
1 b Sub-total					L			1,404,950.	0	<u>-</u>	_
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	n A						>	0. 1,404,950.	0		<u>0.</u> 13.
2 Total number of individuals (including but not limit from the organization ▶ 9	ted to tho	se lis	ted a	abo	ve)	who	rece				
nom the organization 5									<u></u>	Yes	No
3 Did the organization list any former officer, direction line la? If 'Yes,' complete Schedule J for such	or, or trus i <i>individua</i>	tee, I	кеу	emp	oloye	e, o	r hiç	ghest compensate	d employee	3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater such individual									om	4 X	<i>,</i> '
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	compens	ation e Sch	fror nedu	m ai ile J	ny u I for	nrela suct	ated 1 pe	l organization or in	ndıvıdual	5	X
Section B. Independent Contractors											
Complete this table for your five highest compens compensation from the organization. Report compensation.	ated inde pensation	pend for th	ent d ne ca	contalen	ract dar	ors t year	hat end	received more that ding with or within	in \$100,000 of the organization's	tax year	
(A) Name and business addr	ess							(B) Description o	f services	(C) Compensation	
INTERTEK TESTING SERVICES 1 GATEWAY CENTER								PROGRAM AUDITS		1,028,27	
UL RESPONSIBLE SOURCING 62824 COLLECTION C								PROGRAM AUDITS		482,31 701,12	-
SGS USTC CONSUMER SERVICES 291 FAIRFIELD AT VECTRA INT'L CHAUSSEE DE WAVRE 1517B 1160				LGI		0 / 00	14	PROGRAM AUDITS		526,56	
SEDEX SOLUTIONS LTD 24 SOUTHWARK BRIDGE RD						NGDC	м	PROGRAM AUDITS		856,13	
2 Total number of independent contractors (including										300,13	Ť
\$100,000 of componentian from the crossization	•					-		,			6.4

Part VIII | Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (A) Total revenue (B) (D) Related or Unrelated Revenue exempt business excluded from tax function revenue under sections revenue 512-514 1 a Federated campaigns 1 a Grants Similar Amounts **b** Membership dues 1 b c Fundraising events 1 c Contributions, Gifts, and Other Similar Ar d Related organizations 1 d e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f 87,745 q Noncash contributions included in lines 1a-1f: \$ 87,745 h Total. Add lines 1a-1f 87,745 **Business Code** Program Service Revenue 541900 5,984,900 5,984,900 2a MEMBERSHIP DUES & ASSESSM b AUDIT_PROGRAM_REVENUE 541900 5,568,898 5,568,898 541900 788,822 788,822 PROGRAM SERVICE - OTHER f All other program service revenue. g Total. Add lines 2a-2f 12,342,620. Investment income (including dividends, interest and other similar amounts) 22,763 22,763. Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses. c Rental income or (loss) d Net rental income or (loss) (i) Securities (iı) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 Other b Less, direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ь c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 12, 453, 128. 12, 342, 620 0 22,763

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

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

•		(4)	(7)	1	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			., .	
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				3
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	565,711.			
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	1,668,049.		<u> </u>	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,000,020			
9	Other employee benefits	261,637.			
10	Payroll taxes	162,263.			
11	Fees for services (non-employees).	202/2001	·		
а	Management	:			
ь	Legal	89,474.			
	: Accounting	54,965.			
	Lobbying	34,303.			
	Professional fundraising services See Part IV, line 17				
	Investment management fees		<u> </u>		
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
13	Office expenses	179,982.			
14	Information technology	60,527.			<u> </u>
15	Royalties	00,327.		 	
16	Occupancy	280,661.			
17	Travel	256, 376.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	230,310.			
19 20	Conferences, conventions, and meetings Interest	277,734.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	149,156.			
23	Insurance	36,776.			
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	VAP AUDIT PROGRAM	3,896,206.			
	CFSI PROGRAM	2,156,810.			
С	WORKING GROUPS	1,748,428.			
d					
	All other expenses	11 044 555			
25	Total functional expenses. Add lines 1 through 24e	11,844,755.			
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)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 2,920,496 2,870,848. Cash - non-interest-bearing 1 Savings and temporary cash investments 249,782 2 2 249,882. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 639,480 887,495. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net Assets 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 59,238 36,768. 10 a Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10 a 916,051 b Less accumulated depreciation 10b 173,562 10 c 647,141 268,910. 11 11 Investments - publicly traded securities 2,497,413 3,248,923. 12 Investments - other securities See Part IV, line 11 12 13 13 Investments - program-related See Part IV, line 11 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 360,178 44,613. 16 Total assets. Add lines 1 through 15 (must equal line 34) 6,900,149 7,985,670. 17 Accounts payable and accrued expenses 17 1,234,121 1,826,265. 18 Grants payable 18 19 Deferred revenue 1,917,57419 1,811,335. 20 Tax-exempt bond liabilities 21 Liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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 61.938 25 53,181 Total liabilities. Add lines 17 through 25. 26 26 3,213,633 3,690,781 Organizations that follow SFAS 117 (ASC 958), check here X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 3,686,516 27 294,889. Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31

BAA

32

33

34

7,985,670. Form 990 (2017)

4,294,889.

32

33

34

3,686,516

6,900,149

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Reconciliation of Net Assets				
' Check if Schedule O contains a response or note to any line in this Part XI				
1 Total revenue (must equal Part VIII, column (A), line 12)	1	12,4	53,1	28.
2 Total expenses (must equal Part IX, column (A), line 25)	2	11,8	44,7	55.
3 Revenue less expenses Subtract line 2 from line 1	3	60	08,3	73.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		86,5	
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			0.
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,29	94,8	
PartXIII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
Oreck in Schedule S contains a response of note to any line in this 7 art XII			Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other	·			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	on a			
b Were the organization's financial statements audited by an independent accountant?		2 b	$_{\rm X}$	
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		2.0	**	
basis, consolidated basis, or both	•			
Separate basis X Consolidated basis Both consolidated and separate basis				~a
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2 c	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	ıngle	3 a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	red audit	3 b		
BAA	-	Form	990 (2017)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.
 Attach to Form 990 or Form 990-EZ.
 Go to at www.irs.gov/Form990for instructions and the latest information

2017

OMB No 1545 0047

Open to Public

Department of the Treasury Internal Revenue Service

Go to at www.irs.gov/Form990for instructions and the latest information

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

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

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

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

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

,	,, (000 00p=				
		ganizations Complete Part III			· · · · · · · · · · · · · · · · · · ·
Name	of organization RESPONSI	BLE BUSINESS ALLIANCE		Employer identifica	
D :	4.176.00(A)		F01/->	26-141779	
in.		ganization is exempt under section			<u>n.</u>
1		organization's direct and indirect political can of 'political campaign activities')	impaign activities in P	art IV	
2	Political campaign activity ex	•		►ŝ	
		campaign activities (see instructions)		•	
		rganization is exempt under secti	ion 501(c)(3).		
		ise tax incurred by the organization under s		► \$	
2		ise tax incurred by organization managers i		▶\$	
3		section 4955 tax, did it file Form 4720 for t			Yes No
4 a	Was a correction made?				Yes No
i	If 'Yes,' describe in Part IV				
Par	t I-C Complete if the o	rganization is exempt under secti	on 501(c), excep	ot section 501(c)(3)).
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other of	organizations for secti	on 527 exempt ►\$	
3	Total exempt function expendine 17b	ditures Add lines 1 and 2 Enter here and o	on Form 1120-POL,	▶\$	
4	Did the filing organization file	Form 1120-POL for this year?			Yes X No
5	organization made payments	and employer identification number (EIN) of For each organization listed, enter the anons received that were promptly and directly action committee (PAC). If additional space	nount paid from the fill v delivered to a separ	ing organization's funds ate political organization	Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter 0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter 0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Part II-A Complete if the section 501(h	e organization	is exempt under sec	tion 501(c)(3) and file	d Form 5768 (electi	on under
	··	ngs to an affiliated group	(and list in Part IV each	affiliated group member	's name,
·	=	share of excess lobbying		- ·	,
B Check ► ☐ If the filing	organization chec	ked box A and 'limited co	ontrol' provisions apply		
(The term 'e		ing Expenditures ins amounts paid or incu	rred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditure	s to influence pub	olic opinion (grass roots l	obbying)		
b Total lobbying expenditure	es to influence a le	egislative body (direct lob	bying).		
c Total lobbying expenditure	es (add lines 1a ar	nd 1b)			
d Other exempt purpose exp	penditures				
e Total exempt purpose exp	enditures (add line	es 1c and 1d)			
f Lobbying nontaxable amore both columns	unt Enter the amo	ount from the following ta	ible in		
If the amount on line 1e, column	n (a) or (b) is	The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e.			we a true a take to the
Over \$500,000 but not over \$1,000	0,000	\$100,000 plus 15% of the exces	ss over \$500,000	் உடைகள் மூன் அவரு ந) ::::::::::::::::::::::::::::::::::::
Over \$1,000,000 but not over \$1,5		\$175,000 plus 10% of the exces			a see maren maren s
Over \$1,500,000 but not over \$17,		\$225,000 plus 5% of the excess	s over \$1,500,000		
Over \$17,000,000		\$1,000,000.			
g Grassroots nontaxable am					
h Subtract line 1g from line					
i Subtract line 1f from line 1	c. If zero or less,	enter -0-			
j If there is an amount other section 4911 tax for this ye	r than zero on eith ear?	ner line 1h or line 1i, did f	the organization file Form	4720 reporting	Yes No
(Some	organizations tha		l Under section 501(h) election do not have to c structions for lines 2a thr		
	Lobb	ying Expenditures During	g 4-Year Averaging Perio	d	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))	,				
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	, t, 7				
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	n 990 or 990-EZ) 2017

(a)

Page 3

(b)

Part II B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

of the lobbying activity	es No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		1
a Volunteers?		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
c Media advertisements?		
d Mailings to members, legislators, or the public?		
e Publications, or published or broadcast statements?		
f Grants to other organizations for lobbying purposes?		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		
i Other activities?		
j 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)?		1 1945
b If 'Yes,' enter the amount of any tax incurred under section 4912	. X	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	c)(5), or	
		Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		1 X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2 X
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior	year?	3 X
Part III-Bix Complete if the organization is exempt under section 501(c)(4), section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Fanswered 'Yes.'	c)(5), or Part III-A	section 501(c) I, line 3, is
1 Dues, assessments and similar amounts from members	1	
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).	• •	
a Current year	2a	
b Carryover from last year	2 b	
c Total	2 c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
	ر دار	
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	5 , 1	
expenditure next year?	4	0.
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0.
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

SCHEDULE D (Form 990)

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/Form990for instructions and the latest information.

Employer identification number

Open to Public Inspection

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

	RESPONSIBLE BUSINESS ALLIA		26-1417796
Ŗā	Organizations Maintaining Done Complete if the organization ans		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and don are the organization's property, subject to the		eld in donor advised funds
6	Did the organization inform all grantees, donor for charitable purposes and not for the benefit impermissible private benefit?	s, and donor advisors in writing that gr of the donor or donor advisor, or for a	rant funds can be used only ny other purpose conferring Yes No
Pā	rt III Conservation Easements.		
i,u	Complete if the organization ans	wered 'Yes' on Form 990, Part	t IV, line 7.
1			
	Preservation of land for public use (e.g., re	ecreation or education) Prese	ervation of a historically important land area
	Protection of natural habitat	<u>—</u> 1	ervation of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contrib	oution in the form of a conservation easement on the
			Held at the End of the Tax Year
	a Total number of conservation easements		2a
	b Total acreage restricted by conservation easer		26
	c Number of conservation easements on a certification	ied historic structure included in (a)	2c
	d Number of conservation easements included in structure listed in the National Register		_2d
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or	terminated by the organization during the
4	Number of states where property subject to co	nservation easement is located ►	
5	Does the organization have a written policy regard enforcement of the conservation easemen		tion, handling of violations, Yes No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, handling of violations, ar	nd enforcing conservation easements during the year
7	Amount of expenses incurred in monitoring, in: ►\$	specting, handling of violations, and en	nforcing conservation easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requiremen	nts of section 170(h)(4)(B)(i) Yes No
9			enue and expense statement, and balance sheet, and ts that describes the organization's accounting for
Ŗă	Organizations Maintaining Collect Complete if the organization ans	i <mark>ons of Art, Historical Treasures</mark> wered 'Yes' on Form 990, Part	s, or Other Similar Assets. t IV, line 8.
1		held for public exhibition, education, c	its revenue statement and balance sheet works of or research in furtherance of public service, provide, ems.
	b If the organization elected, as permitted under historical treasures, or other similar assets hel- following amounts relating to these items	SFAS 116 (ASC 958), to report in its rid d for public exhibition, education, or re	evenue statement and balance sheet works of art, search in furtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII, I	line 1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of ar amounts required to be reported under SFAS		assets for financial gain, provide the following
	a Revenue included on Form 990, Part VIII, line	1	► \$
	b Assets included in Form 990, Part X		► \$

Rartilla Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)							
3 Using the organization's acquisiting items (check all that apply)	on, accession, and	other records, che	eck any of the following	that are a significant us	e of its c	ollectio	on
a Public exhibition		d Loan	or exchange programs				
b Scholarly research		e Other					
c Preservation for future gener	ations						
4 Provide a description of the organ Part XIII.	nization's collections	and explain how	they further the organ	ization's exempt purpose	: in		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or receive an to be maintained	e donations of art	, historical treasures, o ganization's collection?	r other similar assets	Yes		No
Part IV# Escrow and Custodial A	rrangements. Co	mplete if the o	rganization answere		, Part IV	√,	
line 9, or reported an	amount on Forr	n 990, Part X,	line 21.				
1 a Is the organization an agent, trus on Form 990, Part X?b If 'Yes,' explain the arrangement		_		er assets not included	Yes		No
bit res, explain the arrangement	in an Am and con	ipiete trie ionowii	ig table.		Amount		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
• • •	f Ending balance						
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No							
b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII							
bit res, explain the arrangement	iii ait XIII. Olleck i	iere ii tile explair	adon has been provide	d off fact XIII		L	
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.							
Figure 19 Eliaowille it i ulius. Co	(a) Current year	(b) Prior year				our years	s hack
1 a Beginning of year balance	(a) current year	(b) That you	(c) The July but	(d) Thice years back	1 (6)	our yours	Dack
b Contributions	·				+		
5 CONTIDUCTORS							
c Net investment earnings, gains, and losses					<u> </u>		
d Grants or scholarships					 		
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	of the current year	end balance (line	e 1g, column (a)) held a	as			
a Board designated or quasi-endow	ment >	8					
b Permanent endowment ►	%						
c Temporarily restricted endowmen	t ►	૪					
The percentages on lines 2a, 2b,	·						
3a Are there endowment funds not in organization by	the possession of	the organization t	nat are neid and admir	istered for the	Г	Yes	No
(i) unrelated organizations					3a(i)		· · · · · ·
(ii) related organizations					3a(ii)		-
b If 'Yes' on line 3a(ii), are the relati	ed organizations lis	ted as required o	n Schedule R?		3b		<u> </u>
4 Describe in Part XIII the intended	_				<u> </u>		L
PartiVII Land, Buildings, and				· · · · · · · · · · · · · · · · · · ·			
Complete if the organi		'Yes' on Forn	n 990, Part IV, line	11a. See Form 990), Part :	X, line	e 10.
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) B	look va	lue
1 a Land							
b Buildings							
c Leasehold improvements			14,225.	6,401.		7.	824.
d Equipment	-		759,143.	193,736.			,407.
e Other			142,683.	68,773.			910.
Total. Add lines 1a through 1e (Columi	n (d) must equal For	rm 990, Part X, co		<u> </u>			141.

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Schedule **D** (Form 990) 2017

<u>Part VII</u> Investments – Other Securities. Complete if the organization answered	'Yes' on Form 990	N/A), Part IV, line 11b. See Form	n 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)	 		
(C)			
(D) (E)			
(E) (F)			
(G)			
(H)			
(I)	·		
Total (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 990	N/A Part IV line 11c See Form	1990 Part X (ine 13
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		 	
(7) (8)		 	
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13)		f. 1	4
Part IX Other Assets.	N/A		Dark V. June 15
Complete if the organization answered 'Y	es on Form 990, P	art IV, line 110. See Form 990	(b) Book value
(1)	semption		(b) Book value
(2)			
(3)			
(4)			
(5)		 	
<u>(6)</u> (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B)) line 15)		<u> </u>
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form	990, Part IV, line 11e or	11f. See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) DEFERRED RENT INCENTIVE	53,18	31.	
(3)		[†] , '	
(5)			•
(6)			- 1
(7)			,
(8)		¬	
(9)		` -	
(10) (11)		——{·	,
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	► 53,18	31	C. S.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

			<u> </u>
Reconciliation of Revenue per Audited Financial Statements		rn. N	I/A
Complete if the organization answered 'Yes' on Form 990	, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements.		1	-
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	2 b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
RartiXIII Reconciliation of Expenses per Audited Financial Statement	s With Expenses per Re	turn.	N/A
Complete if the organization answered 'Yes' on Form 990	, Part IV, line 12a.		
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	5	
PartiXIII 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 XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X - FIN 48 FOOTNOTE

RBA IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE. INCOME FROM NONEXEMPT FUNCTIONS IS SUBJECT TO INCOME TAXES TO THE EXTENT THAT THE REVENUE EXCEEDS RELATED COSTS. NO MATERIAL AMOUNT OF NET UNRELATED BUSINESS TAXES WAS DUE BY THE ALLIANCE AT DECEMBER 31, 2017. IN ADDITION, THE INTERNAL REVENUE SERVICE HAS DETERMINED THE ALLIANCE IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A)(2).

BAA

Schedule **D** (Form 990) 2017

PART X - FIN 48 FOOTNOTE (CONTINUED)

THE ALLIANCE FOLLOWS THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, THE ALLIANCE MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT.

THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES

DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND

ACCOUNTING IN INTERIM PERIODS.

MANAGEMENT EVALUATED THE ALLIANCE'S TAX POSITIONS AND CONCLUDED THAT THE ALLIANCE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. CURRENTLY, THE TAX YEARS OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE ARE 2014, 2015, AND 2016 TAX YEARS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

► Go to www.irs.gov/Form990for instructions and the latest information

OMB No 1545 0047

Open to Public Inspection ...

Department of the Treasury Internal Revenue Service Name of the organization

RESPONSIBLE BUSINESS ALLIANCE

Employer identification number

26-1417796

Ŗą	on Form 990, Part IV, line 14b.	162	
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Yes	□No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA		17	PROGRAM SERVICES	AUDITS	2,649,470
(2) EUROPE		6	PROGRAM SERVICES	AUDITS	323,460
MIDDLE EAST/NORTH (3) AMERICA		1	PROGRAM SERVICES	AUDITS	25,948
(4) NORTH AMERICA		4	PROGRAM SERVICES	AUDITS	228,390
(5) RUSSIA		3	PROGRAM SERVICES	AUDITS	24,236
(6) SOUTH AMERICA		5	PROGRAM SERVICES	AUDITS	88,926
(7) SOUTH ASIA		3	PROGRAM SERVICES	AUDITS	118,122
(8) AFRICA		1	PROGRAM SERVICES	AUDITS	9,294
(9)					
(10)					
(11)		100			
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total		40		And the state of t	3,467,846
b Total from continuation sheets to Part I			the second of the second of the second	North Carlotte	
c Totals (add lines 3a and 3b)	0	40	Walter Ford of the way to		3,467,846

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

RESPONSIBLE BUSINESS ALLIANCE

Schedule F (Form 990) 2017

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

Page 2

26-1417796

(i) Method of valuation (book, appraisal other)	:			,									
(h) Description of noncash assistance				,						·			
(g) Amount of noncash assistance				,			•	-		,	,		
(f) Manner of cash disbursement													
(e) Amount of cash grant			:		,			,		,			
(d) Purpose of grant													
(c) Region								ť					
(b) IRS code section and EIN (if applicable)							学类对		1.1				
(a) Name of organization			37.8		(6)	(8)			717.75	0.2)	(6)	(15)	(IO) 4. (IO) 1. (IO) 1

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 2

Schedule F (Form 990) 2017

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2017 RESPONSIBLE BUSINESS ALLIANCE

RESPONSIBLE BUSINESS ALLIANCE

RESPONSIBLE BUSINESS ALLIANCE

26-1417796

Part IV, line 16. Part III can be duplicated if additional space is needed.

Page 3

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)					í		
(9)							
0							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							<i>-</i>
(14)							
(15)							
(16)							
(17)							
(18)							
ВАА						Schedule F	Schedule F (Form 990) 2017

TEEA3503L 08/10/17

Sch	edule F (Form 990) 2017 RESPONSIBLE BUSINESS ALLIANCE	26-1417796	Page 4
Ŗа	TUV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' to 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)	<i>he</i>	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Rec of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)		X 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 Cer Foreign Corporations (see Instructions for Form 5471)	tain Yes	X 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)		X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	Yes	X No

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Schedule F (Form 990) 2017

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.

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990.

Go to www.irs.gov/form990for instructions and the latest information

OMB No. 1545 0047

Open to Public Inspection.

Department of the Treasury Internal Revenue Service Name of the organization

RESPONSIBLE BUSINESS ALLIANCE

Employer identification number

26-1417796

Part I **Questions Regarding Compensation** No Yes 1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4 a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4 b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4 c X If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5 a b Any related organization? 5 b If 'Yes' on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6 a a The organization? b Any related organization? 6 b If 'Yes' on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If 'Yes,' describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If 'Yes,' describe in Part III R If 'Yes' on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Page 2

Schedule J (Form 990) 2017 RESPONSIBLE BUSINESS ALLIANCE

Partill 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 programmation on row (i) and from related programmations described in the instructions

		(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	compensation				
(A) Name and Title	<u>'</u> ,	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(U) Nontaxable benefits	(E) lotal of columns(B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
ROBERT LEDERER	ε	375,553.	0	0.	7,950.	36, 912.	420, 415.	0.
1 EXECUTIVE DIR.	<u>E</u>	 	0	0.	10 1	ļ	 	0.1
DEI	(1)	187,634.	-0	0	5,500	0	193,134.	
2 VP OPERATIONS	€		0.	0.		- 1	0.	0.
	ε	227, 406.			, 1, 125	-26.102	254,633.	
3 DIRECTOR	€		0	0	0.	0.	0.	0.
CARLOS BUSQU	ε	168,364.	0		4,950	21,950.	195,264.	0.
4 DIR. PUBLIC POLICY	€		0.	0.	0.	0.		0.
LEAH	Ξ	157,083.	· 0 	0	3,950.	6,892.	167,925.	0
5 CFSI PROGRAM DIR.	<u>(E</u>			0.	0	0.	0.	0.
KENNETH ANDERSON	Θ	152, 602.	0	0	4,368.	22, 516.	179,486.	0
6 IT DIRECTOR	(E)			0.	0	i	I	0.0
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Partilla Supplemental Information

Schedule J (Form 990) 2017

RESPONSIBLE BUSINESS ALLIANCE

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.

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990for the latest information.

OMB No 1545 0047

Open to Rublic

RESPONSIBLE BUSINESS ALLIANCE

Employer identification number 26-1417796

<u> </u>		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications		الفريد المستجدة ويبرز		
5	Clothing and household goods				
6	Cars and other vehicles.				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate — Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other► (EQUIPMENT)	X	1	87,745.	FMV
26	Other ()				
27	Other ()				
28	Other ► (
29	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones			ons for which the	29 Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30 a		Х
31		Х
32 a		Х

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2017)

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Ratili Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Go to www.irs.gov/Form990for the latest information.

2017 Open to Public

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

26-1417796

Employer identification number

RESPONSIBLE BUSINESS ALLIANCE

FORM 990, PART V, LINE 1C - BACKUP WITHHOLDING RULES

BACKUP WITHHOLDING RULES DID NOT APPLY TO THE ORGANIZATION, BUT IF THEY WOULD APPLY THE ORGANIZATION WOULD COMPLY.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THROUGH THE APPLICATION OF SHARED STANDARDS AND TOOLS, RBA BELIEVES THEY CAN CREATE BETTER SOCIAL, ECONOMIC, AND ENVIRONMENTAL OUTCOMES FOR ALL INVOLVED IN THE ELECTRONICS SUPPLY CHAIN. THESE OUTCOMES INCLUDE: IMPROVED CONDITIONS FOR WORKERS, INCREASED EFFICIENCY AND PRODUCTIVITY FOR CUSTOMERS AND SUPPLIERS, ECONOMIC DEVELOPMENT, AND A CLEANER ENVIRONMENT FOR COMMUNITIES. THUS, THE RBA MISSION IS TO PROMOTE A COMMON CODE OF CONDUCT AND A SHARED APPROACH TO IMPLEMENTING THE CODE THROUGHOUT THEIR MEMBERS' OPERATIONS AND SUPPLY CHAIN. RBA SETS GOALS AND MEASURES THEIR IMPACT IN ACHIEVING THEIR MISSION BASED ON THE FOLLOWING AREAS: CODE AWARENESS, CODE ADOPTION, AND CODE COMPLIANCE. ALL OF RBA'S ACTIVITIES RELATE TO AT LEAST ONE, IF NOT ALL, OF THESE AREAS.

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

THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER REVIEW A DRAFT OF THE FORM 990 PRIOR TO FILING THE FINAL COPY WITH THE IRS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS AND IS BASED ON INDUSTRY AVERAGES AND COMPARABILITY DATA.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE UPON REQUEST FROM THE PUBLIC.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

RESPONSIBLE BUSINESS ALLIANCE

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/Form990for instructions and the latest information.

OMB No 1545 0047

*

Open to Public (C) 2017

Employer identification number

26-1417796

(f)
Direct controlling entity Pariel Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets দ্রুনটাছ্খ] Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity 1 8 € ତ¦

-	•	•					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	b)(13) entity?
						Yes	No No
(1) RBA FOUNDATION 1737 KING STREET STE 330					RESPONSIBLE		
, VA 22314	CHARITABLE				BUSINESS	;	
47-4188445	FOUNDATION	VA	501 (C) (3)) 509 (A) (3)	ALLIANCE	×	
(2)							
(3)							
						_	
<u>(4)</u>							

Schedule R (Form 990) 2017

TEEA5001L 11/29/17

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Schedule R (Form 990) 2017 RESPONSIBLE BUSINESS ALLIANCE

Parities Identification of Related Organizations Taxable as a Partnership Complete of 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 (state or foreign	(d) Direct controlling entity	F.0.		Share of total S income en	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing partner?		(k) Percentage ownership
	,	country)		512-514)				Yes No	1065)	Yes	No	
(1)					-							
										-		
								<u></u>			- <u>-</u> -	
(2)												
(3)												
Partily Identification of Inc. 34, because	Identification of Related Organizations Taxable as a Colline 34, because it had one or more related organi	tions Tax more rela	able as a Co ated organi	rporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, izations treated as a corporation or trust during the tax year.	ust Completed as a corport	if the organizaration or trus	ation answe	red 'Yes' o e tax year	in Form 990, F	Part IV,		
(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling	(e) Type of entity (C corp., S corp.	y Share of p, total income		(g) Share of end-of- year assets	(h) Percentage ownership		(i) Sec 512(b)(13) controlled entity?
				country)	enuty	(ispin io					Yes	No
(t)		- 		-								
		 -										
		1 ·										
(2)												
		1										_
	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!											·
(3)												
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		 						.,				
BAA T, 7				TEEA	TEEA5002L 11/29/17					Schedule R (Form 990) 2017	(Form 9	90) 2017

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Ranks 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 III, III, or IV of this schedule.				Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	listed in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1 a		×
b Gift, grant, or capital contribution to related organization(s)			1 b		×
c Gift, grant, or capital contribution from related organization(s)			<u>۔</u>	_	×
d Loans or loan guarantees to or for related organization(s)			70		×
e Loans or loan guarantees by related organization(s)			- -		×
f Dividends from related organization(s)			11		×
g Sale of assets to related organization(s)			1g		×
h Purchase of assets from related organization(s)			<u>۔</u>		×
i Exchange of assets with related organization(s)			:-		×
j Lease of facilities, equipment, or other assets to related organization(s)			-		×
k Lease of facilities, equipment, or other assets from related organization(s)			<u>+</u>		×
I Performance of services or membership or fundraising solicitations for related organization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)			=		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			-		×
o Sharing of paid employees with related organization(s)			10		×
					W. 1
p Reimbursement paid to related organization(s) for expenses			<u>1</u>		×
q Reimbursement paid by related organization(s) for expenses			1		×
 Other transfer of cash or property to related organization(s) 			-		×
s Other transfer of cash or property from related organization(s)			18		×
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	vered relationships ar	d transaction thresholds	s		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	d) determii involve	g u
(1) RBA FOUNDATION	П	165,317.	FMV		
(2)					
(3)					
(4)					
(5)					
(9)					
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Schedule R (Form 990) 2017 RESPONSIBLE BUSINESS ALLIANCE

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

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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) (b) (c) (d) (d) (e) (f) (f) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partner	(f) Share of		(h) Dispropor-	(i) Code V-UBI		(K) Percentage
	`	(state or foreign country)		section 501(c)(3) organizations?		end-of-year assets	tionate allocations?	amount in box 20 of Schedute K-1 (Form 1065)	managing partner?	
			sections 512-514)	Yes No	1		Yes No))	Yes No	
(I)										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
(2)										
									-	
(3)										-
									-	
(d)										
		-								
(5)										-
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(9)										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
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(7)										
										
1					-					
(8)										
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ВАА			<u>I</u>	TEEA5004L 08/09/17	13			Schedule		R (Form 990) 2017

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RartiVIIX Supplemental Information.
Provide additional information for responses to questions on Schedule R. See instructions.

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