DLN: 93493319160019 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization THE BUSINESS ROUNDTABLE INC D Employer identification number B Check if applicable ☐ Address change 23-7236607 ☐ Name change Doing business as ☐ Initial return BUSINESS ROUNDTABLE ☐ Final return/terminated E Telephone number Number and street (or P O  $\,$  box if mail is not delivered to street address) 1000 MAINE AVE SW NO 500  $\,$ ☐ Amended return □ Application pending (202) 872-1260 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC  $\,$  20024 G Gross receipts \$ 53,454,292 Name and address of principal officer H(a) Is this a group return for JOSHUA BOLTEN □Yes ☑No subordinates? 1000 MAINE AVE SW NO 500 H(b) Are all subordinates WASHINGTON, DC 20024 ☐ Yes ☐No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(6) **◄** (insert no) □ 527 ☐ 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW BUSINESSROUNDTABLE ORG L Year of formation 1972 M State of legal domicile DC K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE BUSINESS ROUNDTABLE'S MISSION IS TO ADVOCATE POLICIES THAT PROMOTE U.S. INVESTMENT, A WORLD-CLASS WORKFORCE AND A DYNAMIC, GROWING ECONOMY. DRAWING ON THE EXPERTISE OF ITS CEO MEMBERS, THE BUSINESS ROUNDTABLE WORKS WITH ELECTED LEADERS AND REPRESENTATIVES OF EMPLOYERS AND EMPLOYEES TO FOSTER AN ECONOMIC ENVIRONMENT THAT BENEFITS Activities & Governance ALL THE AMERICAN PEOPLE Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 45 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 23 Total number of volunteers (estimate if necessary) . . . . Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, line 34 7b 63,671 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 155,000 Ravenue 40,537,220 Program service revenue (Part VIII, line 2g) . 45,373,160 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,907,816 1,461,684 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 156,217 28,200 42,756,253 46,863,044 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,405,963 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 7,219,277 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16,002,739 16,852,898 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 26,065,713 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 25,525,143 49,287,729 47,784,004 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -6,531,476 -920,960 Assets or d Balances End of Year Beginning of Current Year 20 Total assets (Part X, line 16) . 31,048,558 30,127,598 21 Total liabilities (Part X, line 26) . Net assets or fund balances Subtract line 21 from line 20 . 31,048,558 30,127,598 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-11-14 Signature of officer Date Sign Here MARCUS PEACOCK CHIEF OPERATING OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00369217 **Paid** self-employed RSM US LLP Firm's EIN > 42-0714325 Firm's name Preparer Use Only Firm's address ▶ 9801 WASHINGTONIAN BLVD STE 500 Phone no (301) 296-3600 GAITHERSBURG, MD 20878 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)				Page <b>2</b>
Pa	rt III Statem	ent of Program Service Acc	omplishments		
	Check if S	Schedule O contains a response or	note to any line in this Part III		🗆
1		the organization's mission			
	O-LED ORGANIZA AMIC, GROWING E		OCATE POLICIES THAT PROMOTE U	S INVESTMENT, A WORLD-CLAS	SS WORKFORCE AND A
2	_		ram services during the year which	were not listed on	
	•	90 or 990-EZ?			🗌 Yes 🗹 No
	•	e these new services on Schedule (			
3	Did the organiza	tion cease conducting, or make sig	nificant changes in how it conducts,	any program	
		e these changes on Schedule O			☐ Yes 🗹 No
4	Section 501(c)(3		plishments for each of its three large required to report the amount of gra ervice reported		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	See Additional Data			, (	,
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program s	services (Describe in Schedule O ) including g	rants of \$	(Revenue \$	)
4e	Total program	service expenses ▶			

	990 (2018)			Page 3
Par	tiv Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	165	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	Yes	
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 $98-19$ ?	5	Yes	,
6	If "Yes," complete Schedule C, Part III	3		
	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, VII, VIII, IX, or X as applicable			
	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	11b		No
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		No
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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? 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? If "Yes," complete Schedule G, Part II	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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	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	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		No

Form	orm 990 (2018) Page <b>4</b>									
Pa	Checklist of Required Schedules (continued)									
			Yes	No						
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								
c	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? If "Yes," complete Schedule L, Part III	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	28a		No						
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 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? <i>If "Yes," complete Schedule M</i>	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 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes							
Pa	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						

1a

1b

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

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

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

Yes

63

0

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

Yes

Form 990 (2018)

No

a Gross income from members or shareholders .

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

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

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

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

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

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

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

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

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

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

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

Form 990 (2018) Page **6** Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  $\checkmark$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 22

					1				
	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		21					
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ss rela	tionship with any other	r <b>2</b>	Yes				
3	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?								
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 was filed? .	4		No			
5	Did the organization become aware during the year of a significant diversion of the organ	nızatıo	n's assets? .	5		No			
6	Did the organization have members or stockholders?			6	Yes				
7a	Did the organization have members, stockholders, or other persons who had the power to members of the governing body?			re <b>7a</b>	Yes				
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?		pers, stockholders, or	7b		No			
8	$\operatorname{Did}$ the organization contemporaneously document the meetings held or written actions the following	undert	aken during the year b	ру					
а	The governing body?			<b>8</b> a	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 organization's mailing address? If "Yes," provide the names and addresses in Schedule C			9		No			
Se	ction B. Policies (This Section B requests information about policies not requ	ıred b	y the Internal Reve	nue 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 and branches to ensure their operations are consistent with the organization's exempt policies.			′ 10ь					
11a	Has the organization provided a complete copy of this Form 990 to all members of its go form?	vernin	g body before filing the	e <b>11a</b>		No			
b	Describe in Schedule O the process, if any, used by the organization to review this Form	990							

6	Did the organization have members or stockholders?	6	Yes	
7a	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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	<b>8</b> a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			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	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website $\square$ Another's website $\checkmark$ Upon request $\square$ Other (explain in Schedule O)			

	and branches to ensure their operations are consistent with the organization's exempt purposes.			
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	
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	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	
b	Other officers or key employees of the organization	15b		No
	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		
	ction C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	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			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

▶DEWEY WELCH 1000 MAINE AVE SW NO 500 WASHINGTON, DC 20024 (202) 872-1260

orm 990 (	2018)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees	
ear • List all f compens	e this table for all persons require of the organization's <b>current</b> of ation Enter -0- in columns (D), (	ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (	or organizations), re	gardless of amount	-
	of the organization's <b>current</b> key		•								
ho receive	organization's five <b>current</b> high ad reportable compensation (Box n and any related organizations										
f reportabl	of the organization's <b>former</b> office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•
rganızatıor	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2
ompensate	s in the following order individua ed employees, and former such p	ersons	•								
_ Check	this box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ
	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related organizations
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former		MISC)	
See Addition	al Data Table						Ŀ				
					l	1		l			

3050 K ST NW STE 520 WASHINGTON, DC 20007

compensation from the organization ▶ 47

(A)

(B)

Page **8** 

	Name and Title	Average hours per week (list any hours for related	than o	one bo	ox, u an off tor/ti	ot che unles fficer trust	neck mo ess pers er and a tee)	son a	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W- 2/1099-MISC)		Estimated amount of other compensation from the organization and	
	organizations below dotted line)  ordinated line)			Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1039-11130)	2/1099-14130		relati organiza	ted
See	Addıtıonal Data Table										$\overline{+}$		
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		†					+	+		†	$\top$		
	Sub-Total						<b> </b>	<u>_</u>			士		
	Total from continuation sheets to Pa Total (add lines 1b and 1c)						<b>&gt;</b>		8,503,158		0		610,94
2	Total number of individuals (including of reportable compensation from the	g but not limited	d to thos					) rec		.00,000			-
3	Did the organization list any <b>former</b> of line 1a? If "Yes," complete Schedule 3										3	<b>Yes</b> Yes	No
4	For any individual listed on line 1a, is organization and related organization individual	s the sum of repo ns greater than \$	ortable o	compo	ensa	atıon	n and o	other	r compensation fron		4	Yes	
5	Did any person listed on line 1a receivervices rendered to the organization	ive or accrue cor	mpensat	ition fr					_		5	163	No
	ection B. Independent Contract			_		_		_					
1	Complete this table for your five high- from the organization Report comper										mpen	sation	
		(A) and business addre			-	<u></u>		<u>-</u>		(B) cription of services		(C Compen	
ADVC	DC8 LLC	and buo								NG/PROFESSIONAL			3,074,512
	PENN ST NE HINGTON, DC 20002								SEINFACES				
	≣S INC								CONSULTIN SERVICES	NG/PROFESSIONAL		2	2,590,636
	TLANTIC AVE 131 FON, MA 02110								[-				
_	2117:22								<u> </u>			•	
IHEA	RTMEDIA AND ENTERTAINMENT INC								CONSULTIN SERVICES	NG/PROFESSIONAL		1	1,450,000
20880	RTMEDIA AND ENTERTAINMENT INC 0 STONE OAK PARKWAY ANTONIO, TX 78258									NG/PROFESSIONAL		1	,450,000
20880 SAN A	0 STONE OAK PARKWAY								SERVICES CONSULTIN	NG/PROFESSIONAL			1,450,00
20880 SAN A THE F	0 STONE OAK PARKWAY ANTONIO, TX 78258 FRATELLI GROUP CONNECTICUT AVE NW SUITE 95				<u> </u>	_			SERVICES	,			
20880 SAN A THE F 1300 WASH	0 STONE OAK PARKWAY ANTONIO, TX 78258 FRATELLI GROUP								SERVICES  CONSULTIN SERVICES	,		1,	

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

(C)

(D)

(E)

The Characteristic strategies and the control of th	Part	VIII Statement of	f Revenue							rage <b>3</b>
Total revenue		Check if Schedu	le O contains a r	esponse or no	ote to any line in t	nis Part VIII				
Table   Territoria compage   Territoria							Relate exem funct	d or npt ion	Unrelated business	Revenue excluded from tax under sections
Note		1a Federated campaig	ıns	La			rever	iue		312 - 314
Note	nts Ints	<b>b</b> Membership dues	1	ь						
Note	Sra not	c Fundraising events		lc						
Note	IS, ( An	<b>d</b> Related organization								
Note	Giff Ilar	e Government grants (c		<u>_</u>						
Note	ıs,	f All other contributions	<u> </u>							
Note	er S	and similar amounts n above	ot included	Lf						
Note	텵	g Noncash contribution	ons included							
Description		ın lines 1a - 1f \$ _								
2a MPMSSTGHS 3015	<u>ۃ ت</u>	<b>h Total.</b> Add lines 1a	-1f		<b>•</b>					
3   Investment income (including dividends, interest, and other	3				Business Code	45 3	72 160	4E 272 1	60	
3   Investment income (including dividends, interest, and other	Ven	2a MEMBERSHIP DUES ——————			900099	45,5	173,100	45,575,1	.00	
3   Investment income (including dividends, interest, and other	oŽ 1.	b ————								
3   Investment income (including dividends, interest, and other	Š	, T								
3   Investment income (including dividends, interest, and other	₹	u —								
3   Investment income (including dividends, interest, and other	ranı	•								
3   Investment income (including dividends, interest, and other	₹og	· -			45,373,160					
1,097,498				<u> </u>			1			
S Royaltes						1,087,93	3			1,087,938
(i) Real   (ii) Personal										
Second   S		<b>5</b> Royalties								
Delication   Del		63 Grass rants	(ı) Real	(II) Pe	ersonal					
C Sertal income or (loss)  d Net rental income or (loss)  (1) Securities (II) Other  7a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses (not including 5 contributions reported on line 1c)  See Part IV, line 18 . a b Less direct expenses . b c Net income or (loss) from fundraising events . ▶  9a Gross income from gaming activities . b b Less direct expenses . b c Net income or (loss) from gaming activities . a b Less direct expenses . b c Net income or (loss) from gaming activities . a b Less direct expenses . b c Net income or (loss) from gaming activities . a b Less direct expenses . b c Net income or (loss) from gaming activities . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . ▶  Miscellaneous Revenue Business Code  11a  b Less cost of goods sold . b Less cost of good		Oa Gross rents	28	200						
Closs		<b>b</b> Less rental expenses		0						
1		c Rental income or	28	200						
10										
To Gross amount from sales of assets other than inventory    Less cost or other basis and sales expenses   373,746   373,746		<b>d</b> Net rental income o				28,20		28,200		
### Transles of assets other than inventory    b   less cort or other basis and sales expenses   6,591,248   373,746		7a Gross amount	(i) Securities	(11)	Other					
than inventory  b Less cost or other basis and sales expenses C Gan or (loss)  d Net gain or (loss) 373,746  d Net gain or (loss) 373,746  d Net gain or (loss) See Part IV, line 18 Less direct expenses b Less direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 b Less direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances  A b Less cost of goods sold b C Net income or (loss) from sales of inventory  Miscellaneous Revenue  B usiness Code  11a  b  12 Total revenue. See Instructions  1373,746  37		from sales of	6,964	994						
other bass and sales expenses c G Gain or (loss) d Net gain or (loss) 373,746  3473,746  3473,74										
Sales expenses   373,746			6 591	248						
d Net gain or (loss)		sales expenses								
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b bless direct expenses b c Net income or (loss) from fundraising events b  c Net income or (loss) from gaming activities See Part IV, line 19 a b bless direct expenses b c Net income or (loss) from gaming activities  10aGross sales of inventory, less returns and allowances . a b bless cost of goods sold . b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code  11a  b c Total revenue						373.74	5			373.746
(not including \$ of contributions reported on line 1c) See Part IV, line 18					<u> </u>		1			
a b Less direct expenses b c Net income or (loss) from gaming activities  10aGross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  11a  b c d All other revenue	ne	(not including \$	of							
a b Less direct expenses b c Net income or (loss) from gaming activities  10aGross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  11a  b c d All other revenue	₹	See Part IV, line 18	ed on line 1c)	a						
a b Less direct expenses b c Net income or (loss) from gaming activities  10aGross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  11a  b c d All other revenue	Re	<b>b</b> Less direct expense	es	ь						
a b Less direct expenses b c Net income or (loss) from gaming activities  10aGross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue  Business Code  11a  b c d All other revenue	ier			events .	• •					
b Less direct expenses b  c Net income or (loss) from gaming activities .  10aGross sales of inventory, less returns and allowances  a b Less cost of goods sold . b  c Net income or (loss) from sales of inventory .   Miscellaneous Revenue Business Code  11a  b  c d All other revenue e Total. Add lines 11a-11d	<del>=</del> 0	9a Gross income from of See Part IV, line 19	gaming activities							
c Net income or (loss) from gaming activities		,		a						
10aGross sales of inventory, less returns and allowances a b Less cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code  11a  b  c  d All other revenue										
returns and allowances				tivities	<b>•</b>					
b Less cost of goods sold b  C Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11a  b  C  d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See Instructions										
c Net income or (loss) from sales of inventory				a						
Miscellaneous Revenue Business Code  11a  b  c  d All other revenue  e Total. Add lines 11a–11d  12 Total revenue. See Instructions		<b>b</b> Less cost of goods s	sold	ь						
11a         b         c         d All other revenue         e Total. Add lines 11a-11d         12 Total revenue. See Instructions         46,863,044       45,401,360       0       1,461,684										
d All other revenue       • Total. Add lines 11a-11d       • 46,863,044 45,401,360 0 1,461,684			Revenue	Busine	ess Code					
d All other revenue       • Total. Add lines 11a-11d		- <del></del>								
d All other revenue       • Total. Add lines 11a-11d		<sub>b</sub>		$\overline{}$			1			+
d All other revenue		-								
d All other revenue				+			1			
e Total. Add lines 11a-11d		-								
e Total. Add lines 11a-11d		d All other revenue		+						+
<b>12 Total revenue.</b> See Instructions					<b>•</b>					
46,863,044 45,401,360 0 1,461,684					—					+
EAPH GEIL I //IIIX1				- • •	· •	46,863,04	1	45,401,360		0 1,461,684 Form <b>990</b> (2018)

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

orr	n 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses ton 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,405,963			
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, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,957,505			
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	10,477,097			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	996,280			
9	Other employee benefits	896,695			
10	Payroll taxes	525,321			
11	Fees for services (non-employees)				
ā	Management				
ŀ	Legal	281,639			
•	: Accounting	41,400			
(	iLobbying				
•	Professional fundraising services See Part IV, line 17				
f	Investment management fees	102,509			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	487,642			
12	Advertising and promotion				
13	Office expenses	774,447			
14	Information technology	336,628			
15	Royalties				
16	Occupancy	3,135,677			
17	Travel	134,497			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	2,621,693			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	28,870			
	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)				
	a INCOME TAXES	18,432			
	b PROGRAM EXPENSES	16,597,452			
	c EQUIPMENT & FURNITURE	683,873			
	d MEMBERSHIP DUES	245,340			
	e All other expenses	35,044			
25	Total functional expenses. Add lines 1 through 24e	47,784,004			
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)			]	

	209		
1 Cash-non-interest-bearing	257,513	1	167,468
2 Savings and temporary cash investments	7,296,305	2	5,423,013
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net		4	
5 Loans and other receivables from current and former officers, directors,			

	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L		5			
	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations (unitary employees' beneficiary organizations (Part II of Schedule L.		6			
ete	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
۹	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	]	10c			

23,309,830

184.910

31.048.558

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0 26

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31,048,558

31,048,558

31,048,558

24,148,653

388.464

0

0

30,127,598

30,127,598

30,127,598

Form **990** (2018)

30.127.598

Net

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34

Form 990 (2018)

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18 19

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Investments—publicly traded securities

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

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

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

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Investments—other securities See Part IV, line 11 .

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

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

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

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

Investments-program-related See Part IV, line 11

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation 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		46	,863,044
2	Total expenses (must equal Part IX, column (A), line 25)	2		47	784,004
3	Revenue less expenses Subtract line 2 from line 1	3			920,960
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		31	048,558
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
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		30	127,598
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<b>✓</b>
				Yes	No
1	MODIFIED				
	Accounting method used to prepare the Form 990 ☐ Cash ☐ Accrual ☑ Other CASH BASIS				
	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?		2a		No
	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	on a			
	☐ 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 separate consolidated basis, or both	basis,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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 in Sche	dule O			

3a

3b

Νo

Form **990** (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Audit Act and OMB Circular A-133?

### Additional Data

Software ID:

Software Version:

Name: THE BUSINESS ROUNDTABLE INC.

Form 990 (2018)

Form 990, Part III, Line 4a: THE BUSINESS ROUNDTABLE'S MISSION IS TO ADVOCATE POLICIES THAT PROMOTE U S INVESTMENT, A WORLD-CLASS WORKFORCE AND A DYNAMIC, GROWING ECONOMY DRAWING ON THE EXPERTISE OF ITS CEO MEMBERS, THE BUSINESS ROUNDTABLE WORKS WITH ELECTED LEADERS AND REPRESENTATIVES OF EMPLOYERS AND EMPLOYEES TO FOSTER AN ECONOMIC ENVIRONMENT THAT BENEFITS ALL THE AMERICAN PEOPLE

**EIN:** 23-7236607

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

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

and Independent Contractors

CHAIR, ENERGY AND ENVIRONMENT

CHAIR, HEALTH AND RETIREMENT

CHAIR, INTERNATIONAL ENGAGEMENT

......

.....

BRIAN T MOYNIHAN

CHUCK ROBBINS

CHAIR, IMMIGRATION

CHAIR, INFRASTRUCTURE

CHAIR, SMART REGULATION

MICHAEL S BURKE

TOM LINEBARGER

MARK J COSTA

		l ' '						(),, , (, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	44 24 22		
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	ee voldme Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JAMES DIMON CHAIRMAN	0 00	×						0	0	0	
RANDALL L STEPHENSON CHAIR, NOMINATING COMMITTEE	0 00	х						0	0	0	
ALEX GORSKY CHAIR, CORPORATE GOVERNANCE	0 00	X						0	0	0	

CHAIR, NOMINATING COMMITTEE							
ALEX GORSKY	0 00	×			0	0	
CHAIR, CORPORATE GOVERNANCE							
WES BUSH	0 00	V				0	
CHAIR, EDUCATION AND WORKFORCE		_ ^			U	O	
MARK S SUTTON	0 00						

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

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

	,				,		'	0.90	(14)		
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MARK A WEINBERGER CHAIR, TAX AND FISCAL POLICY	0 00	x						0	0	0	
JULIE SWEET CHAIR, TECHNOLOGY, INTERNET & INNOVATION	0 00	х						0	0	0	
AJAY BANGA AT LARGE BOARD MEMBER	0 00	х						0	0	0	
MARY T BARRA AT LARGE BOARD MEMBER	0 00	×						0	0	0	
JOHN A HAYES AT LARGE BOARD MEMBER	0 00	x						0	0	0	
MARILLYN A HEWSON	0 00	v						0	0	0	

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AT LARGE BOARD MEMBER
JOHN A HAYES
AT LARGE BOARD MEMBER
MARILLYN A HEWSON

.....

AT LARGE BOARD MEMBER

AT LARGE BOARD MEMBER

AT LARGE BOARD MEMBER

AT LARGE BOARD MEMBER

C DOUGLAS MCMILLON

AT LARGE BOARD MEMBER THRU 6/28

ANDREW N LIVERIS

KEVIN A LOBO

LARRY J MERLO

and Independent Contractors

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

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

and Independent Contractors

SECRETARY

MARTIN L HALL

JESSICA L BOULANGER

SENIOR VICE PRESIDENT

......

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

EXECUTIVE VICE PRESIDENT

SENIOR VICE PRESIDENT

WILLIAM C MILLER JR

MARCUS C PEACOCK

LEANNE G WILSON

	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DENNIS A MUILENBURG AT LARGE BOARD MEMBER	0 00	×						0	0	0
VIRGINIA M ROMETTY AT LARGE BOARD MEMBER	0 00	x						0	0	0
JOSHUA B BOLTEN PRESIDENT & CEO	40 00	x		x				3,000,424	0	104,086
AIMEE J BRENNAN	40 00									

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842,581

841,913

1,126,615

1,083,795

729,080

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0

80,856

83,424

66,125

85,159

88,402

90,860

12,028

JOSHUA B BOLTEN	40 00	×	х		3,000,424	
PRESIDENT & CEO		^	ζ		3,000,121	
AIMEE J BRENNAN	40 00		_		252.162	
TREASURER			Χ		252,162	
ELIZABETH S DOUGHERTY	40 00					
			Х		414,408	

40 00

40 00

40 00

40 00

40 00

. . . . . . . . . . . . . . . . . .

......

................

and Independent Contractors (A) Name and Title

MARIAN E HOPKINS

FORMER SENIOR VICE PRESIDENT

hours per week (list any hours for related organizations below dotted line)
0 00

(B)

Average

00

employee

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

Institutio

Position (do not check more than one box, unless person is both an officer and a director/trustee)

(D) Reportable compensation from the organization (W- 2/1099-MISC) 212,180 (E)

Reportable

compensation

from related

organizations (W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and related

organizations

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

# Political Campaign and Lobbying Activities

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

DLN: 93493319160019

EZ)

(Form 990 or 990-

•	rtment of the Treasury al Revenue Service		to <u>www.irs.gov/Form990</u> for instruc		test information.	Ins	pection
If the	Section 501(c)(3) org Section 501(c) (other Section 527 organize organization ans Section 501(c)(3) org Section 501(c)(3) org organization ans xy Tax) (see separ	ganizations Corer than section 5 cations Complet wered "Yes" or ganizations that ganizations that wered "Yes" or tate instruction	n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s t have NOT filed Form 5768 (election ur n Form 990, Part IV, Line 5 (Proxy Tax	Part I-C I-A and C below 90-EZ, Part VI, Iir ection 501(h)) Conder section 501(h	Do not complete Part I-E ne 47 (Lobbying Activition propriete Part II-A Do not )) Complete Part II-B Do	es), then complete Part I	I-B Part II-A
	me of the organizat BUSINESS ROUNDTAI				23-7236607	entification nu	ımber
Par	t I-A Complet	e if the orga	nization is exempt under sectio	n 501(c) or is		nization.	
1 2 3	"political campaig Political campaign Volunteer hours fo	n activities") i activity expend or political camp	nization's direct and indirect political can ditures (see instructions) paign activities (see instructions) nization is exempt under sectio		n Part IV (see instructions	s for definition o	25,900
1	· · · · · · · · · · · · · · · · · · ·		ax incurred by the organization under se				
2		•	ax incurred by organization managers u		<b>.</b>	Ψ \$	
3		•	tion 4955 tax, did it file Form 4720 for t			☐ Yes	
4a	Was a correction	made?				☐ Yes	
b	If "Yes," describe						
	<del>-</del>		nization is exempt under section			3).	
1			led by the filing organization for section			\$	
2	Enter the amount function activities		anization's funds contributed to other o	rganizations for se	ection 527 exempt	\$	25,900
3	Total exempt fund	tion expenditur	es Add lines 1 and 2 Enter here and or	n Form 1120-POL,	line 17b ►	\$	25,900
4	Did the filing orga	ınızatıon file <b>For</b>	m 1120-POL for this year?			✓ Yes	□ No
5	organization made of political contrib	e payments For outions received	employer identification number (EIN) of each organization listed, enter the amount that were promptly and directly deliver ee (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fund olitical organization, such	ds Also enter th	
	(a) Name	е	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	contributio and pror directly de separate organizatio	nt of political ons received mptly and diversed to a political on If none, or -0-
(1) REPU	JBLICAN GOVERNORS	ASSOCIATION	1747 PENNSYLAVANIA AVE NW STE 250 WASHINGTON, DC 20006	11-3655877	25,90	00	
2							
3							
4							
5							
6							
_							

Grassroots ceiling amount

Schedule C (Form 990 or 990-EZ) 2018

Part II-B

activity

5

Part IV

expenditure next year?

(b)

**A**mount

(a)

No

Yes

4 5

		res	NO		Amou	mt
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					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
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)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
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?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sect	ion		
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	Yes	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				5 <b>01</b> (c	)(6)
1	Dues, assessments and similar amounts from members	1			45,37	3,160
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			•	8,766
b	Carryover from last year	2b				9,872
С	Total	<b>2</b> c				8,638
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			38,56	7,186

Complete if the organization is exempt under section 501(c)(3) and has NOT filed

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

Schedule C (Form 990 or 990EZ) 2018

-7,098,548

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

Taxable amount of lobbying and political expenditures (see instructions)

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

Supplemental Information

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

**SCHEDULE D** 

(Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

OMB No 1545-0047

DLN: 93493319160019

Open to Public

		ov/rormsso for the latest information.	_			spection
	me of the organization E BUSINESS ROUNDTABLE INC		Emp	oloyer identifi	cation	number
				236607		
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Yes		or Acc	ounts.		
	Complete if the organization answered Te	(a) Donor advised funds		(b)Funds and	other a	accounts
	Total number at end of year	(,		(-,		
2	Aggregate value of contributions to (during year)					
:	Aggregate value of grants from (during year)					
ļ	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex-		lvised f	unds are the	П	Yes 🗆 No
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				ble _	Yes 🗆 No
Pa	rt II Conservation Easements. Complete if th	e organization answered "Yes" on Forr	n 990	<u>, Part IV, line</u>	27.	
	Purpose(s) of conservation easements held by the organ	nization (check all that apply)				
	Preservation of land for public use (e g , recreation	n or education) $\qed$ Preservation of an	histori	ically important	t land a	irea
	Protection of natural habitat	Preservation of a c	certified	d historic struct	ture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	qualified conservation contribution in the for	rm of a	conservation  Held at the	End o	f the Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
c	Number of conservation easements on a certified historic	structure included in (a)	2c			
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d			
1	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by	the org	ganızatıon durır	ng the	
ļ	Number of states where property subject to conservatio	n easement is located 🕨				
5	Does the organization have a written policy regarding that and enforcement of the conservation easements it holds		of viola		Yes	□ No
;	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onserva	ation easement	:s durin	g the year
,	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violations, and enforcing conser	vation	easements dur	ıng the	year
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)^2$	above satisfy the requirements of section 1	70(h)(		Yes	□ No
)	In Part XIII, describe how the organization reports consi- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial state			;	
ar	t III Organizations Maintaining Collections	of Art, Historical Treasures, or Oth	er Sir	milar Assets	;.	
	Complete if the organization answered "Ye					
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in f				
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items					
(	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$		
(	ii)Assets included in Form 990, Part X			<b>&gt;</b> \$		
!	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	•	ncıal g	ain, provide the	e	
а	Revenue included on Form 990, Part VIII, line 1			<b>▶</b> \$		

**b** Assets included in Form 990, Part X

Par	3111	Organizations Maintain	ing Col	lections o	of Art,	Histori	ical T	reas	ures, or	Other	Similar	Assets	continu	ued)	
3		the organization's acquisition, (check all that apply)	accessioi	n, and other	records	, check	any of	the f	ollowing t	hat are a	sıgnıfıcan	t use of it	s collec	tion	
а		Public exhibition				d		Loar	n or excha	inge prog	grams				
b		Scholarly research				e		Othe	er						
С		Preservation for future genera	tions												
4	Provid Part X	le a description of the organiza III	tion's col	lections and	l explain	how the	ey furtl	ner th	ie organiz	ation's ex	xempt pur	pose in			
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?														
Pai	Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.														
1a															
b	If "Ye	s," explain the arrangement in	Part XIII	and comple	ete the fo	ollowing	table					Amount	:		_
С	Begin	ning balance								1c					_
d	Addıtı	ons during the year								1d					_
е	Distril	outions during the year								1e					_
f	Endin	g balance								1f					_
2a	Did th	e organization include an amo	unt on Fo	rm 990, Pai	rt X, line	21, for	escrov	or c	ustodial a	ccount lia	ability?	. 🗆 Y	es	□ No	_ o
b		s," explain the arrangement in										_			
Pa	rt V	Endowment Funds. Con													
				(a)Currer	nt year	<b>(b)</b> P	rıor yea	r	(c)Two ye	ears back	(d)Three	years back	<b>(e)</b> Fou	ır year:	s back
1a	Beginni	ng of year balance	•												
b	Contrib	utions													
С	Net inv	estment earnings, gains, and l	osses												
d	Grants	or scholarships													
е		expenditures for facilities ograms													
f	Admını	strative expenses	•												
g	End of	year balance													
2	Provid	le the estimated percentage of	the curre	ent year end	balance	e (line 1	g, colu	mn (a	a)) held a	5					
а	Board	designated or quasi-endowme	nt 🟲												
b	Perma	nent endowment 🟲													
С	Temp	orarily restricted endowment 🕨	•												
		ercentages on lines 2a, 2b, and		•											
3a		ere endowment funds not in thization by	ne posses	sion of the	organıza	tion tha	t are h	eld ar	nd admını	stered fo	r the	_		Yes	No
		-					•						a(i)		
_		elated organizations s" on 3a(ii), are the related org					 اعداد است					3	a(ii) 3b		
ь 4		ibe in Part XIII the intended us						•			• •		30		
	t VI	Land, Buildings, and Ed			113 61140	William	idilas								
L GI		Complete if the organizat			" on Fo	rm 990	, Part	IV, I	ıne 11a.	See Fo	rm 990, I	Part X, lı	ne 10.		
	Descri	otion of property (a)	Cost or oth (Investme		(b) Cost	t or other	basis (	other)	(c) Acci	umulated o	depreciation		( <b>d)</b> Boo	k value	!
1a	Land														
		gs													
		old improvements													
		ent													
	Other														
		ines 1a through 1e (Column (c	l) must e	qual Form 9	90, Part	X, colui	nn (B)	, line	10(c))		<b>&gt;</b>		_		0

Part VII	Investments—Other Securities. Complete if the org	anızat	tion ansv	vered "Yes" or	Form 990, Pa	rt IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b) Book value	Cos	(c) Method of votors or end-of-year	
(1) Financia (2) Closely- (3)Other	held equity interests	:				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 9	90. P	art IV. lı	ne 11c. See Fo	orm 990. Part :	K. line 13.
			ook value		(c) Method of v	aluation
(1)				Cos	t or end-of-year	market value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13 )					
Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description	on For	m 990, Pa	art IV, line 11d	See Form 990, Pa	art X, line 15 (b) Book value
(1)						,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	mn (b) must equal Form 990, Part X, col (B) line 15 )				•	115
Part X	<b>Other Liabilities.</b> Complete if the organization answer See Form 990, Part X, line 25.	rea 'Y			IV, line 11e or	11f. 
(1) Federal :	(a) Description of liability ncome taxes		(b) B	ook value		
<u>· · · · · · · · · · · · · · · · · · · </u>						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)		+				
(9)						
	n (b) must equal Form 990, Part X, col (B) line 25 )	<u> </u>				
2. Liability fo	or uncertain tax positions In Part XIII, provide the text of the fo	otnote				_
organization	's liability for uncertain tax positions under FIN 48 (ASC 740) C	heck h	nere If the	text of the foot	note has been pro	ovided in Part XIII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . . .

Page 4

46,863,044

46,863,044

47,784,004

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part XI

1

c

d 2d 2e e 3 3 46,863,044 Amounts included on Form 990, Part VIII, line 12, but not on line 1

2c

4 Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIII ) . . . . . . . . . 4b b Add lines **4a** and **4b** . . . . . . . 4c 5

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . . 2a 2b 2c

2 c 2d Other (Describe in Part XIII ) . . . . . . d

Add lines 2a through 2d . . 2e 3

47,784,004 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a

4b

b Add lines **4a** and **4b** . . . . . . . . . . . . . . . . 4c

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 5 47.784.004

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

See Additional Data Table

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

## Additional Data

Software ID: Software Version:

**EIN:** 23-7236607

Name: THE BUSINESS ROUNDTABLE INC.

Supplemental Information								
Return Reference	Explanation							
PART X, LINE 2	BRT IS A NONPROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A), AN ENTITY DESCRIBED IN SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE, EXCEPT FOR TAXES O							

AS ON UNRELATED BUSINESS INCOME EFFECTIVE JANUARY 1, 2018, BRT IS SUBJECT TO UNRELATED BUSINES S INCOME TAX ON CERTAIN PRETAX EMPLOYEE BENEFITS AND CERTAIN SALARY LEVELS OF EMPLOYEES I NCOME TAX EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2018, WAS INSIGNIFICANT MANAGEMENT EVAL UATED THE TAX POSITION AND CONCLUDED THAT BRT HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT RE QUIRE ADJUSTMENT TO THE FINANCIAL STATEMENT

DLN: 93493319160019 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number THE BUSINESS ROUNDTABLE INC. 23-7236607 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (1) See Additional Data (2) (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page <b>2</b>			
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22  Part III can be duplicated if additional space is needed									
(a) Type of grant or assista	ance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
Part IV Supplemental I	Informatic	າກ. Provide the inf	ormation required in	Part I, line 2; Part III	I, column (b); and any other a	dditional information.			
Return Reference	Explanatio	on							
PART I, LINE 2		HE BUSINESS ROUNDTABLE REVIEWS ALL REQUESTS FOR GRANTS OR ASSISTANCE SELECTION CRITERIA IS CONSISTENT WITH POLICY PRIORITIES OF THE JSINESS ROUNDTABLE							

## **Additional Data**

		Software ID: Software Version: EIN:					
		Name:	: THE BUSINESS ROU	JNDTABLE INC			
Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONGRESSIONAL HISPANIC CAUCUS INSTITUTE 1128 16TH STREET NW WASHINGTON, DC 20036	52-1114225	501(C)(3)	21,550				GENERAL SUPPORT
THE FAITH AND POLITICS INSTITUTE 110 MARYLAND AVENUE NE SUITE 504 WASHINGTON, DC 20002	52-1759052	501(C)(3)	25,000				GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-1755403 501(C)(3) 13.960 HORTON'S KIDS INC IGENERAL SUPPORT

100 MARYLAND AVENUE NE SUITE 520 WASHINGTON, DC 20002

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

1325 G STREET NW SUITE 950 WASHINGTON, DC 20005

52-1703065 501(C)(3) 235.120 TAX FOUNDATION IGENERAL SUPPORT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 52-1907420 501(C)(3) 7.500 WASHINGTON IGENERAL SUPPORT INTERNATIONAL TRADE FOUNDATION 1300 PENNSYLVANIA AVENUE NW SUITE G329 WASHINGTON, DC 20004 AMAC ACTION INC 90-0678436 501(C)(4) 75,000

IGENERAL SUPPORT

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

39308 TREELINE DRIVE LADY LAKE, FL 32159

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 37-1866303 501(C)(4) 4.100.000 IGENERAL SUPPORT FARMERS FOR FREE TRADE PO BOX 837 BILLINGS, MT 59103

GENERAL SUPPORT

900,000

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

501(C)(4)

TRADE BENEFITS AMERICA

WASHINGTON, DC 20005

805 15TH STREET NW SUITE

COALITION INC

200

47-3118479

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 52-1160561 501(C)(3) 19.933 CONGRESSIONAL BLACK IGENERAL SUPPORT

CONGRESSIONAL BLACK
CAUCUS FOUNDATION INC
1720 MASSACHUSETTS
AVENUE NW

52-1160561
501(C)(3)
19,933
GENERAL SU
GENERAL SU

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

WASHINGTON, DC 20036

efil	e GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19331	9160	019	
Schedule J		Compensation Information						0047	
(For	m 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest							
		Complete if the org	Compensa anization answ	ated Employees vered "Yes" on Form 990, Part IV	t IV, line 23. 2018				
D	▶ Attach to Form 990.							blic	
•	tment of the Treasurv al Revenue Service	P GO to <u>www.irs.go</u>	<i>V/ F01111990</i> 101	instructions and the latest infor		Insp	ectio	n	
	me of the organization				Employer identificat	ion nu	ımber		
	BOSINESS ROOND	ADEL INC			23-7236607				
Pa	rt I Questi	ons Regarding Compensat	tion						
							Yes	No	
1a				the following to or for a person liste y relevant information regarding the					
		s or charter travel		Housing allowance or residence for	•				
	_	companions		Payments for business use of perso					
		nification and gross-up payments nary spending account	s <b>⊻</b>	Health or social club dues or initiati Personal services (e.g., maid, chau					
	LI Discretion	nary spending account		Personal services (e g , maid, chau	rreur, cher)				
b		xes in line 1a are checked, did th all of the expenses described abo		ollow a written policy regarding payn iplete Part III to explain	nent or reimbursement	1b	Yes		
2				or allowing expenses incurred by all r, regarding the items checked in line	2 1 2 2	2	Yes		
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked in line	e Ia·				
3				ed to establish the compensation of the check any boxes for methods	he				
	_	•		CEO/Executive Director, but explain	ın Part III				
	☐ Compens	ation committee	П	Written employment contract					
		ent compensation consultant	$\overline{\mathbf{Z}}$	Compensation survey or study					
		of other organizations	$\checkmark$	Approval by the board or compensa	ition committee				
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a				
а	Receive a sever	ance payment or change-of-cont	rol pavment?			4a	Yes		
b		r receive payment from, a supple		ified retirement plan?		4b	, , ,	No	
С	Participate in, o	r receive payment from, an equi	ty-based comper	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and	I provide the app	olicable amounts for each item in Par	t III				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-0					
5			-	the organization pay or accrue any					
		ontingent on the revenues of		, , , , ,					
а	The organization	n?				5a			
b	Any related orga					5b			
	•	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any					
a	The organization					6a			
b	Any related orga	anızatıon? 6a or 6b, describe in Part III				6b			
7	•	•	الدال عام مرا ۸ م	the organization provide any particle	d				
7	payments not d	escribed in lines 5 and 67 If "Yes	," describe in Pa		u	7			
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," d	escribe	8			
9	If "Yes" on line 3 53 4958-6(c)?	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9			
For F	Panerwork Redi	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Forn	990)	2018	

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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (F) Compensation in (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (B)(i)-(D)other deferred benefits column (B) reported (i) Base (iii) Other (ii) Bonus & incentive compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 JOSHUA B BOLTEN 1,794,877 Tabl 1,200,000 5,547 70,770 40,740 3,111,934 0

PRESIDENT & CEO	۱,۰,					,		l <u> </u>
	(ii)	0	0	0	0	0	0	0
2 AIMEE J BRENNAN TREASURER		210,000	40,000	2,162	50,190	35,437	337,789	0
	(ii)	0	0	0	0	0	0	0
3 ELIZABETH S DOUGHERTY SECRETARY	(i)	352,850	58,333	3,225	50,107	43,267	507,782	0
	(ii)	0	0	0	0	0	0	0
4 JESSICA L BOULANGER SENIOR VICE PRESIDENT	(i)	640,058	200,000	2,523	32,808	38,267	913,656	0
	(ii)	0	0	0	0	0	0	0
5 MARTIN L HALL SENIOR VICE PRESIDENT	(i)	588,847	250,000	3,066	55,167	34,480	931,560	0
	(ii)	0	0	0	0	0	0	0
6 WILLIAM C MILLER JR SENIOR VICE PRESIDENT	(i)	770,027	350,000	6,588	57,735	38,091	1,222,441	0
	(ii)	0	0	0	0	0	0	0
7 MARCUS C PEACOCK EXECUTIVE VICE PRESIDENT	(i)	867,350	212,500	3,945	87,661	5,029	1,176,485	0
	(ii)	0	0	0	0	0	0	0
8 LEANNE G WILSON SENIOR VICE PRESIDENT	(i)	9,369	194,876	524,835	10,121	2,059	741,260	0
	(ii)	0	0	0	0	0	0	0
9 MARIAN E HOPKINS FORMER SENIOR VICE	(i)	0	0	212,180	0	0	212,180	0
PRESIDENT	(ii)	0	0	0	0	0	0	0

SENIOR VICE PRESIDENT	``	0						
	(ii)		0	0	0	0	0	0
5 MARTIN L HALL SENIOR VICE PRESIDENT	(i)	588,847 	250,000	3,066	55,167	34,480	931,560	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> WILLIAM C MILLER JR SENIOR VICE PRESIDENT	(i)	770,027	350,000	6,588	57,735	38,091	1,222,441	0
	(ii)	0	0	0	0	0	0	0
7 MARCUS C PEACOCK EXECUTIVE VICE PRESIDENT	(i)	867,350	212,500	3,945	87,661	5,029	1,176,485	0
	(ii)	0	0	0	0	0	0	0
8 LEANNE G WILSON SENIOR VICE PRESIDENT	(i)	9,369	194,876	524,835	10,121	2,059	741,260	0
	(ii)	0	0	0	0	0	0	0
9 MARIAN E HOPKINS FORMER SENIOR VICE	(i)	0	0	212,180	0	0	212,180	0
PRESIDENT	(ii)	0	0	0	0	0	0	0
						ı	Schedule	J (Form 990) 2018

Schedule J (Form 990) 2018	Page 3							
Part III Supplemental Information								
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information								
Return Reference	Explanation							
'	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 & CEO THE BUSINESS ROUNDTABLE DOES PAY SOCIAL DUES FOR ITS OFFICERS, EXECUTIVE VICE PRESIDENT, AND SENIOR VICE PRESIDENTS ANY PERSONAL USE OF THE SOCIAL CLUBS BY THESE EMPLOYEES ARE							

TREATED AS TAXABLE INCOME

Return Reference	Explanation				
PART I, LINE 4A	DURING 2018, LEANNE G WILSON RECEIVED A SEVERANCE PAYMENT OF \$487,190 AND MARIAN E HOPKINS RECEIVED A SEVERANCE PAYMENT OF \$212,180				

2018 Schedule 1

### **Additional Data**

(1)

(i)

(1)

(1)

(1)

(1)

(1)

**Software Version:** 

1,794,877

210,000

352,850

640,058

588,847

770,027

867,350

9,369

**EIN:** 23-7236607

JOSHUA B BOLTEN

PRESIDENT & CEO

AIMEE J BRENNAN

**ELIZABETH S DOUGHERTY** 

JESSICA L BOULANGER

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

SENIOR VICE PRESIDENT

MARIAN E HOPKINS

FORMER SENIOR VICE PRESIDENT

WILLIAM C MILLER JR

MARCUS C PEACOCK

EXECUTIVE VICE PRESIDENT LEANNE G WILSON

TREASURER

SECRETARY

MARTIN L HALL

**Software ID:** 

Bonus & incentive

compensation

1,200,000

40,000

58,333

200,000

250,000

350,000

212,500

194,876

Name: THE BUSINESS ROUNDTABLE INC						
Form 990, Schedule J,	Part II - Officers, Di	irectors, Trustees, K	ey Employees, and	Highest Compensate	ed Employees	
(A) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns
	(i) Base Compensation	(ii)	(iii)	other deferred	benefits	(B)(ı)-(D)

Other reportable

compensation

5,547

2,162

3,225

2,523

3,066

6,588

3,945

524,835

212,180

compensation

70,770

50,190

50,107

32,808

55,167

57,735

87,661

10,121

40,740

35,437

43,267

38,267

34,480

38,091

5,029

2,059

(F) Compensation in

column (B)

reported as deferred on

prior Form 990

3,111,934

337,789

507,782

913,656

931,560

1,222,441

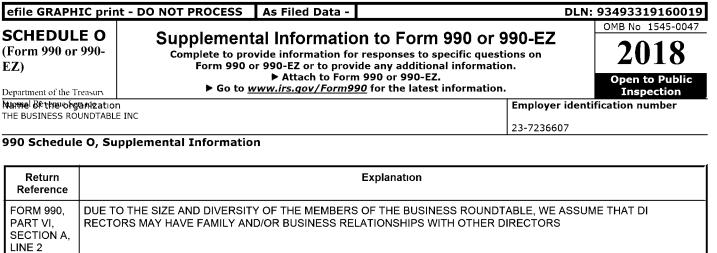
1,176,485

741,260

212,180

n 990, Schedule J	, Part II - Officers, Directors, Trustees, Key Employees, and I	nignest compensate	a employees	
) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	ĺ

990, Schedule J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and	Highest Compensate	d Employees	
Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	
	(i) Base Compensation	(ii)	(iii)	other deferred	benefits	



Return Explanation
Reference

LINE 6

FORM 990, BUSINESS ROUNDTABLE IS AN ASSOCIATION OF CHIEF EXECUTIVE OFFICERS THE CHIEF EXECUTIVE OFF ICER IS THE MEMBER, AND HE/SHE REPRESENTS THE COMPANY SECTION A.

Return Explanation
Reference

FORM 990, THE MEMBERS OF BUSINESS ROUNDTABLE ELECT A CHAIRMAN AND THE VICE CHAIRS OF THE ORGANIZATION PART VI, SECTION A, LINE 7A

Return Explanation
Reference

FORM 990, PART VI, SECTION B, LINE 11B

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	THE BUSINESS ROUNDTABLE REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH T
PART VI,	HE CONFLICT OF INTEREST POLICY DURING THE ANNUAL BUDGET PROCESS, ALL VENDORS ARE REVIEWED
SECTION B,	BY ALL STAFF, ALLOWING ANY CONFLICTS OF INTEREST TO BE DISCOVERED, DISCLOSED AND RESOLVED
LINE 12C	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)

Return

Reference	Explaitation
FORM 990.	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL (PRESIDENT & C
PART VI,	EO) INCLUDES AN INDEPENDENT REVIEW AND APPROVAL BASED ON PERFORMANCE AND COMPARABLILITY DA
SECTION B,	TA COMPENSATION DECISIONS APPROVED BY THE CHAIR ARE ALSO REVIEWED BY THE BOARD OF DIRECTO
LINE 15A	RS (GOVERNING BODY) ON AN ANNUAL BASIS THE BUSINESS ROUNDTABLE PARTICIPATES AND RECEIVES
	AN ANNUAL CEO COMPENSATION AND BENEFITS SURVEY WITH COMPARABILITY DATA

Explanation

Return Explanation

FORM 990, BUSINESS ROUNDTABLE MAKES ITS FINANCIAL STATEMENTS (FORM 990) AVAILABLE UPON WRITTEN REQUE ST TO THE PUBLIC BUSINESS ROUNDTABLE'S ARTICLES OF INCORPORATION AND CONFLICT OF INTEREST SECTION C, POLICY ARE NOT PUBLICLY AVAILABLE