

IRS e-file Signature Authorization for an Exempt Organization

Form 8879-EO

For calendar year 2015, or fiscal year beginning _____, 2015, and ending _____, 20____

2015

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

USENIX ASSOCIATION

13-3055038

Name and title of officer

CASEY HENDERSON EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

Table with 5 rows (1a-5a) and 3 columns: Form type, Total revenue/tax/balance due, and Amount. Row 1a is checked with amount 4,968,378.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize BONG HILLBERG LEWIS FISCHESSE LLP to enter my PIN 94710. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ***** THIS IS NOT A FILEABLE COPY *** Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

68993894583 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization USENIX ASSOCIATION		D Employer identification number 13-3055038
	Doing business as		E Telephone number (510) 528-8649
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2560 NINTH STREET, SUITE 215		G Gross receipts \$ 6,736,099.
	City or town, state or province, country, and ZIP or foreign postal code BERKELEY, CA 94710		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: CASEY HENDERSON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: ▶ WWW.USENIX.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1980	M State of legal domicile: DE

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SINCE 1975, USENIX HAS BROUGHT TOGETHER THE COMMUNITY OF ENGINEERS, SYSTEM ADMINISTRATORS,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	14
	6 Total number of volunteers (estimate if necessary)	6	344
	7 a 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	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	771,133.	1,547,612.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,380,380.	3,172,121.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,122.	242,430.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	6,215.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,170,635.	4,968,378.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	172,565.	101,835.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,010,288.	1,191,081.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 188,232.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,115,534.	3,673,893.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,298,387.	4,966,809.	
19 Revenue less expenses. Subtract line 18 from line 12	-127,752.	1,569.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,887,563.	6,569,147.
	22 Net assets or fund balances. Subtract line 21 from line 20	191,775.	1,144,262.
22 Net assets or fund balances. Subtract line 21 from line 20	5,695,788.	5,424,885.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	CASEY HENDERSON, EXECUTIVE DIRECTOR Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name ROBERT LEWIS	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P01610516
	Firm's name ▶ BONG HILLBERG LEWIS FISCHESSEER LLP	Firm's EIN ▶ 45-4806875		
	Firm's address ▶ 1550 PARKSIDE DRIVE, SUITE 260 WALNUT CREEK, CA 94596		Phone no. 925-322-1150	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: USENIX, THE ADVANCED COMPUTING SYSTEMS ASSOCIATION: - FOSTERS TECHNICAL EXCELLENCE AND INNOVATION - SUPPORTS AND DISSEMINATES RESEARCH WITH A PRACTICAL BIAS - PROVIDES A NEUTRAL FORUM FOR DISCUSSION OF TECHNICAL ISSUES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,366,018. including grants of \$ 91,835.) (Revenue \$ 2,845,351.) TECHNICAL CONFERENCES AND WORKSHOPS ON ADVANCED COMPUTING SYSTEMS TOPICS. THE ASSOCIATION PROMOTES THE DEVELOPMENT, EXCHANGE AND COMMUNICATION OF RESEARCH AND PRACTICE THROUGH ITS TECHNICAL CONFERENCES COVERING TOPICS IN ADVANCED COMPUTING SYSTEMS.

IN 2015, USENIX ORGANIZED THE USENIX ANNUAL TECHNICAL CONFERENCE AND ITS COLOCATED WORKSHOPS: HOTCLOUD AND HOTSTORAGE (400 TOTAL ATTENDEES); 29TH LISA (LARGE INSTALLATION SYSTEM ADMINISTRATION) CONFERENCE, RELATED WORKSHOPS AND EXHIBITION (1238 ATTENDEES); 24TH USENIX SECURITY SYMPOSIUM AND SEVEN WORKSHOPS (768 ATTENDEES); 13TH FAST (USENIX CONFERENCE ON FILE AND STORAGE TECHNOLOGIES) (519 ATTENDEES); HOTOS XV, (15TH WORKSHOP ON HOT TOPICS IN OPERATING SYSTEMS)(58 ATTENDEES) 12TH

4b (Code:) (Expenses \$ 350,477. including grants of \$) (Revenue \$ 301,898.) MEMBER BENEFITS AND PUBLICATIONS: MEMBERS ARE ENTITLED TO DISCOUNTED CONFERENCE REGISTRATION AND RECEIVE ;LOGIN:, THE ASSOCIATION'S MAGAZINE, PUBLISHED SIX TIMES A YEAR. THE MAGAZINE KEEPS THE MEMBERSHIP APPRISED OF DEVELOPMENTS IN THE FIELD OF ADVANCED COMPUTING SYSTEMS. BACK ISSUES ARE AVAILABLE ON THE USENIX WEB SITE. PROCEEDINGS AND PRODUCTS: THE PROCEEDINGS, CONSISTING OF ALL ACADEMIC PAPERS PRESENTED AT CONFERENCES, ARE PUBLISHED AND MADE AVAILABLE TO MEMBERS AND NON-MEMBERS AT NO CHARGE ON THE USENIX WEB SITE AFTER EACH CONFERENCE. VIDEO AND/OR AUDIO RECORDINGS OF MOST CONFERENCES ARE ALSO AVAILABLE ON THE USENIX WEB SITE AT NO CHARGE AS PART OF OUR OPEN ACCESS POLICY.

4c (Code:) (Expenses \$ 413,423. including grants of \$ 10,000.) (Revenue \$ 31,087.) MISCELLANEOUS PROJECTS: USENIX FUNDS ADDITIONAL PROJECTS AND AWARDS RELATED TO ADVANCED COMPUTING AND EDUCATION. PROGRAM EXPENSES INCLUDE OFFICE SUPPORT FOR ALL PROGRAMS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,889. including grants of \$) (Revenue \$)

4e Total program service expenses 4,133,807.

Part IV 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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
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>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI 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

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 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
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?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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: **THE ORGANIZATION - (510) 528-8649**
2560 NINTH STREET, SUITE 215, BERKELEY, CA 94710

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	595,789.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	951,823.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			1,547,612.			
	Program Service Revenue	2 a CONFERENCES AND WORKSHOPS	Business Code 611420	2,845,351.	2,845,351.		
b MEMBERSHIP DUES AND ASSESSMENTS		611420	301,898.	301,898.			
c EVENT SERVICES AND PROJECTS		611420	22,985.	22,985.			
d LISA SPECIAL INTEREST GROUP		611420	1,887.	1,887.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f				3,172,121.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		141,168.			141,168.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,868,983.					
		b Less: cost or other basis and sales expenses		1,767,721.			
		c Gain or (loss)		101,262.			
	d Net gain or (loss)			101,262.		101,262.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	6,215.					
	b Less: cost of goods sold	b	0.				
	c Net income or (loss) from sales of inventory			6,215.	6,215.		
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			4,968,378.	3,178,336.	0.	242,430.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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	10,000.	10,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	46,535.	46,535.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	45,300.	45,300.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	143,181.	90,787.	37,124.	15,270.
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	851,184.	531,145.	230,702.	89,337.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	117,987.	83,379.	20,584.	14,024.
10 Payroll taxes	78,729.	49,920.	20,413.	8,396.
11 Fees for services (non-employees):				
a Management				
b Legal	60,876.		60,876.	
c Accounting	61,877.		61,877.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	49,532.		49,532.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	41,437.	20,621.	17,163.	3,653.
12 Advertising and promotion	41,259.	31,784.	2,016.	7,459.
13 Office expenses	54,762.	36,011.	12,751.	6,000.
14 Information technology	84,053.	55,272.	19,575.	9,206.
15 Royalties				
16 Occupancy	114,279.	75,146.	26,612.	12,521.
17 Travel	2,645.	1,739.	616.	290.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,391,243.	2,391,243.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	157,820.	103,778.	36,750.	17,292.
23 Insurance	28,425.	18,691.	6,620.	3,114.
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.)				
a PROJECTS AND GOOD WORKS	290,273.	290,273.		
b PRINTING AND PUBLICATIO	168,085.	168,085.		
c VIDEO RECORDING	74,075.	74,075.		
d BOARD OF DIRECTOR MEETI	38,010.		38,010.	
e All other expenses	15,242.	10,023.	3,549.	1,670.
25 Total functional expenses. Add lines 1 through 24e	4,966,809.	4,133,807.	644,770.	188,232.
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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	242,976.	1	321,424.
	2 Savings and temporary cash investments	9,972.	2	109,869.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	83,740.	4	355,919.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	91,704.	9	130,826.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,142,087.		
	b Less: accumulated depreciation	10b 907,744.	362,930.	10c 234,343.
	11 Investments - publicly traded securities	5,096,241.	11	5,416,766.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,887,563.	16	6,569,147.	
Liabilities	17 Accounts payable and accrued expenses	100,695.	17	140,162.
	18 Grants payable		18	
	19 Deferred revenue	91,080.	19	1,004,100.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	191,775.	26	1,144,262.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,695,788.	27	5,424,885.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	5,695,788.	33	5,424,885.	
34 Total liabilities and net assets/fund balances	5,887,563.	34	6,569,147.	

Part XI 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	4,968,378.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,966,809.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,569.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,695,788.
5	Net unrealized gains (losses) on investments	5	-272,472.
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	5,424,885.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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?
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 Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2015)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	885,690.	1020644.	802,386.	1071343.	1849510.	5629573.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	885,690.	1020644.	802,386.	1071343.	1849510.	5629573.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						5629573.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	885,690.	1020644.	802,386.	1071343.	1849510.	5629573.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	172,953.	143,291.	139,919.	190,655.	141,168.	787,986.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						6417559.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	87.72 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	86.21 %

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

USENIX ASSOCIATION

Employer identification number

13-3055038

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization USENIX ASSOCIATION	Employer identification number 13-3055038
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FACEBOOK 1601 WILLOW RD. MENLO PARK, CA 94401	\$ 65,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GOOGLE, INC. 1800 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	\$ 147,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MICROSOFT CORP. 1 MICROSOFT WAY REDMOND, WA 98052	\$ 67,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NETAPP, INC. 495 EAST JAVA DRIVE SUNNYVALE, CA 95124	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE NATIONAL SCIENCE FOUNDATION 4201 WILSON BLVD ARLINGTON, VA 22230	\$ 301,930.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	TIDES FOUNDATION 1014 TOMEY AVE SAN FRANCISCO, CA 94129	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization USENIX ASSOCIATION	Employer identification number 13-3055038
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	VMWARE, INC 3401 HILLVIEW AVE PALO ALTO, CA 94304	\$ 33,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization USENIX ASSOCIATION	Employer identification number 13-3055038
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization USENIX ASSOCIATION	Employer identification number 13-3055038
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015
Open to Public Inspection

Name of the organization USENIX ASSOCIATION **Employer identification number** 13-3055038

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a 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) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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? Yes No

Part IV 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 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		441,322.	367,926.	73,396.
e Other		700,765.	539,818.	160,947.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				234,343.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(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)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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	4,695,906.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-272,472.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-272,472.
3	Subtract line 2e from line 1	3	4,968,378.
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.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,968,378.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	4,966,809.
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	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,966,809.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,966,809.

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.

PART X, LINE 2:

THE ORGANIZATION HAS ANALYZED TAX POSITIONS TAKEN FOR FILINGS WITH THE INTERNAL REVENUE SERVICE AND ALL STATE JURISDICTIONS WHERE IT OPERATES. THE ORGANIZATION BELIEVES THAT INCOME TAX FILING POSITIONS WILL BE SUSTAINED UPON EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENTS THAT WOULD RESULT IN A MATERIAL ADVERSE AFFECT ON THE ORGANIZATION'S FINANCIAL POSITION, RESULTS OF OPERATIONS OR CASH FLOWS. ACCORDINGLY, THE ORGANIZATION HAS NOT RECORDED ANY RESERVES, OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2015 AND 2014, RESPECTIVELY.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL & REGISTRATION ASSISTANCE TO ATTEND USENIX CONFERENCE - STUDENT GRANT	UNITED KINGDOM	3	2,700.	CHECK	1,485.	FREE CONFERENCE REGISTRATION	FMV
TRAVEL & REGISTRATION ASSISTANCE TO ATTEND USENIX CONFERENCE - STUDENT GRANT	SWITZERLAND	5	2,600.	CHECK	3,885.	FREE CONFERENCE REGISTRATION	FMV
TRAVEL & REGISTRATION ASSISTANCE TO ATTEND USENIX CONFERENCE - STUDENT GRANT	SOUTH KOREA	16	15,400.	CHECK	7,635.	FREE CONFERENCE REGISTRATION	FMV
TRAVEL & REGISTRATION ASSISTANCE TO ATTEND USENIX CONFERENCE - STUDENT GRANT	SINGAPORE	1	800.	CHECK	400.	FREE CONFERENCE REGISTRATION	FMV
TRAVEL ASSISTANCE TO ATTEND USENIX CONFERENCE - STUDENT GRANT	NORWAY	1	700.	CHECK	0.		
TRAVEL ASSISTANCE TO ATTEND USENIX CONFERENCE - STUDENT GRANT	NETHERLANDS	2	1,600.	CHECK	990.	FREE CONFERENCE REGISTRATION	FMV
TRAVEL & REGISTRATION ASSISTANCE TO ATTEND USENIX CONFERENCE - STUDENT GRANT	ISRAEL	3	2,600.	CHECK	1,295.	FREE CONFERENCE REGISTRATION	FMV
TRAVEL & REGISTRATION ASSISTANCE TO ATTEND USENIX CONFERENCE - STUDENT GRANT	HONG KONG	1	800.	CHECK	495.	FREE CONFERENCE REGISTRATION	FMV
TRAVEL & REGISTRATION ASSISTANCE TO ATTEND USENIX CONFERENCE - STUDENT GRANT	GERMANY	3	2,600.	CHECK	1,095.	FREE CONFERENCE REGISTRATION	FMV

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)

(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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
TRAVEL & REGISTRATION ASSISTANCE TO ATTEND USENIX CONFERENCE - STUDENT GRANT	CYPRUS	1	800.	CHECK	495.	FREE CONFERENCE REGISTRATION	FMV
TRAVEL & REGISTRATION ASSISTANCE TO ATTEND USENIX CONFERENCE - STUDENT GRANT	CHINA	7	5,800.	CHECK	2,895.	FREE CONFERENCE REGISTRATION	FMV
TRAVEL & REGISTRATION ASSISTANCE TO ATTEND USENIX CONFERENCE - STUDENT GRANT	CANADA	4	1,800.	CHECK	2,075.	FREE CONFERENCE REGISTRATION	FMV
TRAVEL & REGISTRATION ASSISTANCE TO ATTEND USENIX CONFERENCE - STUDENT GRANT	BELGIUM	1	800.	CHECK	200.	FREE CONFERENCE REGISTRATION	FMV
TRAVEL ASSISTANCE TO ATTEND USENIX CONFERENCE - WOMENS' GRANTS	UNITED KINGDOM	1	700.	CHECK	0.		
TRAVEL ASSISTANCE TO ATTEND USENIX CONFERENCE - WOMENS' GRANTS	SWITZERLAND	1	700.	CHECK	0.		
TRAVEL ASSISTANCE TO ATTEND USENIX CONFERENCE - WOMENS' GRANTS	JAPAN	1	700.	CHECK	0.		
TRAVEL ASSISTANCE TO ATTEND USENIX CONFERENCE - WOMENS' GRANTS	ISRAEL	1	700.	CHECK	0.		
TRAVEL ASSISTANCE TO ATTEND USENIX CONFERENCE - WOMENS' GRANTS	INDIA	1	700.	CHECK	0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2015

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.

PART I, LINE 2:

STUDENT AND WOMEN'S GRANT RECIPIENTS MUST BE TRAVELING FOR THE PURPOSE OF ATTENDING USENIX CONFERENCES. THEIR ATTENDANCE IS REQUIRED TO RECEIVE TRAVEL ASSISTANCE AND/OR FREE CONFERENCE REGISTRATION.

PART I, LINE 3:

USENIX PROVIDES TRAVEL AND REGISTRATION ASSISTANCE TO QUALIFIED STUDENTS AND ATTENDEES. CHECKS FOR TRAVEL EXPENSES ARE GIVEN TO THE RECIPIENTS AT THE CONFERENCE AND ARE RECORDED AS GRANT EXPENSES IN THE BOOKS OF THE ORGANIZATION AS EXPENDED.

PART III, LINE 1 - ADDITIONAL SUPPLEMENTAL INFORMATION

WOMEN'S AND STUDENT GRANTS CONSISTED OF TRAVEL EXPENSES AND/OR FREE CONFERENCE REGISTRATION. THE VALUE OF FREE REGISTRATIONS GIVEN TO STUDENTS WAS \$82,665.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Name of the organization **USENIX ASSOCIATION** Employer identification number **13-3055038**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1 (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
USACO FUND/ CLEMSON UNIVERSITY, C/O BRIAN DEAN - CLEMSON UNIVERSITY - CLEMSON, SC 29634			10,000.	0.			FOSTERING PRE-COLLEGE COMPUTING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

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

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

Schedule I (Form 990) (2015)

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 assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GRANTS FOR STUDENT TRAVEL AND FEES	126	36,265.	59,720.	FMV	FREE EVENT REGISTRATION
GRANTS TO WOMEN FOR TRAVEL AND FEES	18	12,600.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE USENIX BOARD MAINTAINS CONTACT WITH THE ORGANIZERS OF THE USA COMPUTING OLYMPIAD AND HAS A LIAISON WHO REPORTS ON THE ACTIVITIES OF THIS GROUP.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

USENIX ASSOCIATION

Employer identification number

13-3055038

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCIENTISTS AND TECHNICIANS WORKING ON THE CUTTING EDGE OF COMPUTING
SYSTEMS. AT OUR CONFERENCES, THE LATEST DEVELOPMENTS ARE PRESENTED AND
DISCUSSED, THEN PUBLISHED AND MADE FREELY AVAILABLE TO THE PUBLIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

- ENCOURAGES COMPUTING OUTREACH INTO THE COMMUNITY AT LARGE

SINCE 1975, THE USENIX ASSOCIATION HAS BROUGHT TOGETHER THE COMMUNITY
OF ENGINEERS, RESEARCHERS, SYSTEM ADMINISTRATORS, SCIENTISTS, AND
TECHNICIANS WORKING ON THE CUTTING EDGE OF THE COMPUTING WORLD.

USENIX CONFERENCES ARE ESSENTIAL MEETING GROUNDS FOR THE PRESENTATION
AND DISCUSSION OF THE MOST ADVANCED INFORMATION ON THE DEVELOPMENTS OF
ALL ASPECTS OF COMPUTING SYSTEMS.

FOR MORE INFORMATION ABOUT USENIX AND ITS EVENTS, SEE THE WEB SITE AT
[HTTP://WWW.USENIX.ORG](http://WWW.USENIX.ORG).

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NSDI (USENIX SYMPOSIUM ON NETWORKED SYSTEMS DESIGN AND IMPLEMENTATION)
(309); SRECON15 (372); AND SRECON15 EUROPE (282) AND SATC PI, THE
NATIONAL SCIENCE FOUNDATION SECURE AND TRUSTWORTHY CYBERSPACE PRINCIPAL
INVESTIGATORS' MEETING (415 ATTENDEES) EVENT SUBJECTS INCLUDED
SECURITY; SYSTEM ADMINISTRATION; CLOUD AND STORAGE TECHNOLOGIES;
NETWORK SYSTEMS DESIGN AND IMPLEMENTATION; AND SITE RELIABILITY

Name of the organization USENIX ASSOCIATION	Employer identification number 13-3055038
--	--

ENGINEERING.

USENIX HAS TWO GRANT PROGRAMS. THE STUDENT GRANT PROGRAM ENABLES FULL-TIME STUDENTS TO ATTEND USENIX CONFERENCES, WORKSHOPS AND SYMPOSIA BY ASSISTING WITH TRAVEL, HOTEL AND REGISTRATION EXPENSES. IN 2015, AWARDS WERE MADE TO 174 STUDENTS FROM MANY DIFFERENT INSTITUTIONS. SINCE 1990, THIS PROGRAM HAS MADE OVER 3967 AWARDS. STUDENT AUTHORS SUBMITTING TECHNICAL PAPERS ARE ELIGIBLE FOR BEST PAPER AWARDS.

THE WOMEN'S GRANT PROGRAM SUPPORTS TRAVEL EXPENSES AND/OR EVENT REGISTRATION FEES, AND IS DESIGNED TO SUPPORT THE PARTICIPATION OF EQUAL REPRESENTATION FOR WOMEN IN THE FIELD. IN 2015, USENIX AWARDED 27 WOMEN'S GRANTS. GRANT RECIPIENTS ARE SELECTED BASED ON THEIR INVOLVEMENT IN THE PARTICULAR FIELD, AND THE STRENGTH OF THEIR APPLICATION ESSAY, AND AVAILABILITY OF FUNDS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEMBERSHIP IN USENIX PROVIDES OUR CONSTITUENTS WITH BENEFITS INCLUDING A SUBSCRIPTION TO OUR ;LOGIN: MAGAZINE AND DISCOUNTS ON CONFERENCE REGISTRATION. FULL MEMBERSHIPS HELP TO SUBSIDIZE SPECIAL RATES FOR STUDENTS AT OUR EVENTS. SUPPORTING THE NEW GENERATION OF RESEARCHERS AND PRACTITIONERS BENEFITS THE ENTIRE COMPUTING SYSTEMS COMMUNITY.

AS PART OF ITS CONTINUED COMMITMENT TO SUPPORTING EDUCATION IN ADVANCED COMPUTING SYSTEMS, USENIX PROVIDES FUNDING FOR THE USA COMPUTING OLYMPIAD, A COMPUTER PROBLEM-SOLVING CONTEST FOR HIGH SCHOOL STUDENTS RUN BY DR. BRIAN DEAN OF CLEMSON UNIVERSITY. ORIGINALLY FOUNDED BY DR. DON PIELE AND DEVELOPED WITH THE ASSISTANCE OF ROB KOLSTAD, THIS GROUP

Name of the organization USENIX ASSOCIATION	Employer identification number 13-3055038
--	--

RUNS THE US COMPETITION TO SELECT THE USA TEAM WHICH COMPETES AT THE INTERNATIONAL OLYMPIAD IN INFORMATICS.

LISA SPECIAL INTEREST GROUP (SIG) IS THE USENIX SPECIAL INTEREST GROUP FOR SYSTEM ADMINISTRATORS OF INFORMATION TECHNOLOGY. FOCUSED ON EDUCATION, LISA PROGRAMS OFFER PROFESSIONAL AND TECHNICAL INFORMATION, TOOLS, SERVICES AND GATHERING PLACES FOR THE SYSTEM ADMINISTRATOR COMMUNITY.

IN 2015, ON BEHALF OF THE NATIONAL SCIENCE FOUNDATION'S NATIONAL BIG DATA R&D INITIATIVE, USENIX ORGANIZED FOUR REGIONAL WORKSHOPS AND ONE NATIONAL MEETING TO BRING TOGETHER ACADEMIC, NON-PROFIT, GOVERNMENTAL, AND BUSINESS COMMUNITIES THROUGHOUT THE COUNTRY TO FOSTER AND PROPEL BIG DATA APPROACHES ACROSS ALL SECTORS. THESE COMMUNITIES REPRESENTED STAKEHOLDERS IN THE BIG DATA ECOSYSTEM, INCLUDING CORPORATIONS, UNIVERSITIES, PHILANTHROPIES, NON-PROFITS, AND STATE AND LOCAL GOVERNMENTS.

THE EVENTS FOCUSED ON ACCELERATING BIG DATA SOLUTIONS TO GLOBAL AND SOCIETAL CHALLENGES BY CONVENING STAKEHOLDERS ACROSS SECTORS TO PARTNER IN RESULTS-DRIVEN PROGRAMS AND PROJECTS; ACTING AS A MATCHMAKER AMONG THE VARIOUS ACADEMIC, INDUSTRY, AND COMMUNITY STAKEHOLDERS TO HELP DRIVE SUCCESSFUL PILOT PROGRAMS; HELPING TO SHARE BEST PRACTICES; HELPING TO ACCELERATE TECHNOLOGY TRANSFER BETWEEN UNIVERSITIES, PUBLIC AND PRIVATE RESEARCH CENTERS AND LABORATORIES, LARGE ENTERPRISES, AND SMALL- AND MEDIUM-SIZED BUSINESSES; FACILITATING ENGAGEMENT WITH OPINION AND THOUGHT LEADERS ON THE SOCIETAL IMPACT OF BIG DATA TECHNOLOGIES; AND SUPPORTING EDUCATION AND TRAINING IN THE NEW

Name of the organization USENIX ASSOCIATION	Employer identification number 13-3055038
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INTERDISCIPLINARY FIELD OF DATA SCIENCE.

AFFILIATIONS - CRA: USENIX IS AN AFFILIATE MEMBER OF THE COMPUTING RESEARCH ASSOCIATION, AND PARTICIPATES IN ITS BIENNIAL CONFERENCE FOR LEADERSHIP OF THE NORTH AMERICAN COMPUTING RESEARCH COMMUNITY.

EXPENSES \$ 3,889. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE USENIX ASSOCIATION HAS OVER 2,400 MEMBERS WORLDWIDE. THIS IS A COMMUNITY OF ENGINEERS, SYSTEM ADMINISTRATORS, SCIENTISTS, RESEARCHERS, EDUCATORS AND TECHNICIANS WORKING IN ADVANCED COMPUTING SYSTEMS.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OF USENIX ELECT THE BOARD OF DIRECTORS AND OFFICERS IN AN ELECTION HELD EVERY TWO YEARS. A NOMINATING COMMITTEE SUBMITS CANDIDATES, WHO MUST BE MEMBERS OF THE ASSOCIATION, AT LEAST SIXTEEN WEEKS PRIOR TO THE ELECTION. FIVE MEMBERS, ACTING TOGETHER, MAY ALSO SUBMIT A CANDIDATE. THE OFFICERS AND DIRECTORS GOVERN ACCORDING TO THE BYLAWS OF THE ORGANIZATION. THE BYLAWS ARE POSTED ON THE ASSOCIATION'S WEB SITE AT WWW.USENIX.ORG.

FORM 990, PART VI, SECTION A, LINE 7B:

USENIX MEMBERS DECIDE WHETHER OR NOT TO ACCEPT CHANGES TO THE BYLAWS APPROVED BY THE BOARD OF DIRECTORS. MEMBERS CAN OVERRIDE THE BOARD'S CHANGE IF TWENTY-FIVE PERCENT REPLY IN WRITING THAT THEY OBJECT TO THE BYLAW CHANGE. THE AMENDMENT WILL THEN NOT TAKE EFFECT UNTIL THE MEMBERS HAVE VOTED ON RESCINDING THE BYLAW.

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

Name of the organization

USENIX ASSOCIATION

Employer identification number

13-3055038

THE FORM 990 IS EMAILED TO THE BOARD OF DIRECTORS FOR REVIEW AFTER IT IS PREPARED. ANY FEEDBACK OR QUESTIONS ARE DIRECTED TO THE ACCOUNTANT PREPARING THE RETURN FOR INVESTIGATION, EXPLANATION AND RESOLUTION. FILING OF THE FORM 990 MAY OCCUR PRIOR TO ALL DIRECTORS HAVING AN OPPORTUNITY TO REVIEW IT, BUT ALL QUESTIONS ARE ADDRESSED AND RESOLVED.

FORM 990, PART VI, SECTION B, LINE 12C:

AT THE FIRST BOARD OF DIRECTORS MEETING AFTER AN ELECTION, EACH OFFICER AND DIRECTOR IS REQUIRED TO SUBMIT A LIST OF POTENTIAL CONFLICTS OF INTEREST. IF A CONFLICT EXISTS, THAT PERSON ABSTAINS FROM PARTICIPATION IN DISCUSSIONS OF, AND VOTES REGARDING, THAT MATTER.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS REVIEWS/SETS THE COMPENSATION ARRANGEMENTS FOR THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS. COMPARABILITY DATA IS GATHERED AND REVIEWED IN EXECUTIVE SESSION, WITHOUT THE EXECUTIVE DIRECTOR PRESENT. MINUTES OF THESE MEETINGS ARE RECORDED CONTEMPORANEOUSLY. STAFF SALARIES ARE PROPOSED BY THE EXECUTIVE DIRECTOR AND ARE APPROVED BY THE BOARD AS PART OF THE BUDGET APPROVAL PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

ASSOCIATION BYLAWS AND POLICIES ARE POSTED ON THE ORGANIZATION'S WEB SITE AT WWW.USENIX.ORG. THE FINANCIAL STATEMENTS ARE ALSO POSTED ON THIS SITE AND IN ;LOGIN: MAGAZINE.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. USENIX ASSOCIATION	Employer identification number (EIN) or 13-3055038
	Number, street, and room or suite no. If a P.O. box, see instructions. 2560 NINTH STREET, SUITE 215	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BERKELEY, CA 94710	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

• The books are in the care of **▶ 2560 NINTH STREET, SUITE 215 - BERKELEY, CA 94710**
 Telephone No. **▶ (510) 528-8649** Fax No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2016**.

5 For calendar year **2015**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY TO PREPARE TAX RETURNS.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ 0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** Title **▶ EXECUTIVE DIRECTOR** Date **▶**

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2015

Prepared For:

USENIX Association
2560 Ninth Street, Suite 215
Berkeley, CA 94710

Prepared By:

Bong Hillberg Lewis Fischesser LLP
1550 Parkside Drive, Suite 260
Walnut Creek, CA 94596

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total tax	\$	10
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Balance due	\$	10

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Franchise Tax Board

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. After you have reviewed your return for completeness and accuracy, please sign, date and return Form 8453-EO to our office. We will then transmit your return electronically to the FTB. Do not mail the paper copy of the return to the FTB.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your payment should be made as instructed below on or before December 15, 2016.

Separately mail California Form FTB 3586 with a check or money order for \$10, payable to Franchise Tax Board.

Mail to:

Franchise Tax Board
PO BOX 942857
Sacramento CA 94257-0531

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2015

Prepared For:

USENIX Association
2560 Ninth Street, Suite 215
Berkeley, CA 94710

Prepared By:

Bong Hillberg Lewis Fischesser LLP
1550 Parkside Drive, Suite 260
Walnut Creek, CA 94596

Amount of Tax:

Balance due of \$150

Make Check Payable To:

Attorney General Registry of Charitable Trusts

Mail Tax Return To:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name: **USENIX ASSOCIATION**

California corporation number: **1237004**

FEIN: **13-3055038**

Street address (suite or room): **2560 NINTH STREET, SUITE 215**

City: **BERKELEY** State: **CA** ZIP code: **94710**

Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990-PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

P Is a federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	5,188,487.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,547,612.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	6,736,099.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	1,767,721.00
	7	Total costs. Add line 5 and line 6	7	1,767,721.00
	8	Total gross income. Subtract line 7 from line 4	8	4,968,378.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	4,966,809.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	1,569.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00
Sign Here	Signature of officer		Title EXECUTIVE DIRE	Date
	Preparer's signature		Firm's name BONG HILLBERG LEWIS FISCHESSE LLP	Check if self-employed <input type="checkbox"/>
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address 1550 PARKSIDE DRIVE, SUITE 260 WALNUT CREEK, CA 94596		PTIN P01610516	Telephone 45-4806875
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Telephone 925-322-1150	

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

528951 11-25-15

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	6,215.00
	2	Interest	•	2	10,862.00
	3	Dividends	•	3	130,306.00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	•	6	1,868,983.00
	7	Other income SEE STATEMENT 3	•	7	3,172,121.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	5,188,487.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	101,835.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	•	11	143,181.00
	12	Other salaries and wages	•	12	851,184.00
	13	Interest	•	13	00
	14	Taxes	•	14	78,729.00
	15	Rents	•	15	114,279.00
	16	Depreciation and depletion (See instructions)	•	16	157,820.00
	17	Other Expenses and Disbursements SEE STATEMENT 5	•	17	3,519,781.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	4,966,809.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		252,948.		431,293.
2 Net accounts receivable		83,740.		355,919.
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock STMT 6		5,096,241.		5,416,766.
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets	1,112,854.		1,142,087.	
b Less accumulated depreciation	(749,924.)	362,930.	(907,744.)	234,343.
11 Land				
12 Other assets STMT 7		91,704.		130,826.
13 Total assets		5,887,563.		6,569,147.
Liabilities and net worth				
14 Accounts payable		100,695.		140,162.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 8		91,080.		1,004,100.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		5,695,788.		5,424,885.
22 Total liabilities and net worth		5,887,563.		6,569,147.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• -270,903.	7	Income recorded on books this year not included in this return.	•
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	
4	Income not recorded on books this year *	• 272,472.	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	1,569.
6	Total. Add line 1 through line 5	1,569.			

* STMT 9

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CALIFORNIA POLYTECHNICAL STATE UNIVERSITY	ONE GRAND AVE. SAN LUIS OBISPO, CA 93407	10/01/15	26,469.
FACEBOOK	1601 WILLOW RD. MENLO PARK, CA 94401	03/03/15	65,500.
GOOGLE, INC.	1800 AMPHITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043	01/05/05	147,400.
HEWLETT PACKARD	1501 PAGE MIJLL RD PALO ALTO, CA 94304	02/25/15	24,500.
MICROSOFT CORP.	1 MICROSOFT WAY REDMOND, WA 98052	08/30/15	67,000.
NETAPP, INC.	495 EAST JAVA DRIVE SUNNYVALE, CA 95124	01/26/15	80,000.
THE NATIONAL SCIENCE FOUNDATION	4201 WILSON BLVD ARLINGTON, VA 22230	07/23/15	301,930.
ORACLE, INC.	600 ORACLE PARKWAY REDWOOD SHORES, CA 94065	10/09/15	23,500.
RED HAT INC	100 EAST DAVIE ST RALEIGH, NC 27601	07/27/15	17,000.
STATE UNIVERSITY OF NEW YORK	W5510 MELVILLE LIBRARY STONY BROOK, NY 11794	02/20/15	20,000.
TIDES FOUNDATION	1014 TOMEY AVE SAN FRANCISCO, CA 94129	12/01/15	40,000.
UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL	DEPT. COMP SCI, SITTERSON HALL CHAPEL HILL, NV 27599	09/02/15	25,000.
UNIVERSITY OF WASHINGTON	3917 UNIVERSITY WAY N.E. SEATTLE, WA 98195	05/08/15	20,000.

USENIX ASSOCIATION

13-3055038

VMWARE, INC

3401 HILLVIEW AVE PALO ALTO,
CA 94304

01/05/15

33,500.

TOTAL INCLUDED ON LINE 3

891,799.

FORM 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 2

DESCRIPTION

DATE
ACQUIRED

DATE
SOLD

METHOD
ACQUIRED

PURCHASED

COST OR
OTHER BASIS

DEPREC.

EXPENSE
OF SALE

GROSS
SALES PRICE

1,767,721.

0.

0.

1,868,983.

TOTAL TO FORM 199, PAGE 2, LN 6

1,767,721.

0.

0.

1,868,983.

FORM 199

OTHER INCOME

STATEMENT 3

DESCRIPTION

AMOUNT

CONFERENCES AND WORKSHOPS

2,845,351.

MEMBERSHIP DUES AND ASSESSMENTS

301,898.

EVENT SERVICES AND PROJECTS

22,985.

LISA SPECIAL INTEREST GROUP

1,887.

TOTAL TO FORM 199, PART II, LINE 7

3,172,121.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
BRIAN NOBLE 2560 NINTH STREET, SUITE 215 BERKELEY, CA 94710	PRESIDENT 8.00	0.
JOHN ARRASJID 2560 NINTH STREET, SUITE 215 BERKELEY, CA 94710	VICE-PRESIDENT 4.00	0.
CAROLYN ROWLAND 2560 NINTH STREET, SUITE 215 BERKELEY, CA 94710	SECRETARY 4.00	0.
KURT OPSAHL 2560 NINTH STREET, SUITE 215 BERKELEY, CA 94710	TREASURER 4.00	0.
DAVID BLANK-EDELMAN 2560 NINTH STREET, SUITE 215 BERKELEY, CA 94710	DIRECTOR 4.00	0.
CAT ALLMAN 2560 NINTH STREET, SUITE 215 BERKELEY, CA 94710	DIRECTOR 4.00	0.
DANIEL KLEIN 2560 NINTH STREET, SUITE 215 BERKELEY, CA 94710	DIRECTOR 4.00	0.
HAKIM WEATHERSPOON 2560 NINTH STREET, SUITE 215 BERKELEY, CA 94710	DIRECTOR 4.00	0.
CASEY HENDERSON 2560 NINTH STREET, SUITE 215 BERKELEY, CA 94710	EXECUTIVE DIRECTOR 40.00	143,181.
TOTAL TO FORM 199, PART II, LINE 11		<u>143,181.</u>

FORM 199

OTHER EXPENSES

STATEMENT 5

DESCRIPTION	AMOUNT
PROJECTS AND GOOD WORKS	290,273.
PRINTING AND PUBLICATIO	168,085.
VIDEO RECORDING	74,075.
BOARD OF DIRECTOR MEETI	38,010.
OTHER EMPLOYEE BENEFITS	117,987.
LEGAL FEES	60,876.
ACCOUNTING FEES	61,877.
INVESTMENT MANAGEMENT FEES	49,532.
OTHER PROFESSIONAL FEES	41,437.
ADVERTISING AND PROMOTION	41,259.
OFFICE EXPENSES	54,762.
INFORMATION TECHNOLOGY	84,053.
TRAVEL	2,645.
CONFERENCES AND CONVENTIONS	2,391,243.
INSURANCE	28,425.
ALL OTHER EXPENSES	15,242.
TOTAL TO FORM 199, PART II, LINE 17	3,519,781.

FORM 199

INVESTMENTS IN STOCK

STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVESTMENTS	5,096,241.	5,416,766.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	5,096,241.	5,416,766.

FORM 199

OTHER ASSETS

STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	91,704.	130,826.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	91,704.	130,826.

FORM 199	OTHER LIABILITIES	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	91,080.	1,004,100.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	91,080.	1,004,100.

FORM 199	INCOME NOT RECORDED ON BOOKS THIS YEAR	STATEMENT 9
DESCRIPTION		AMOUNT
CHANGE IN UNREALIZED GAIN ON INVESTMENTS		272,472.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 4		272,472.

FORM 199	FUND BALANCES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	5,695,788.	5,424,885.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	5,695,788.	5,424,885.

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.
If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2015 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:
**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**
Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: **Fiscal year - See instructions.**
Calendar year corporations - File and Pay by March 15, 2016.
Calendar year exempt organizations - File and Pay by May 16, 2016
When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.
Due to the Emancipation Day holiday on April 16, 2016, tax returns filed and payments mailed or submitted on April 18, 2016, will be considered timely.

ONLINE SERVICES: Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to **ftb.ca.gov** for more information.

539035
12-09-15

--- DETACH HERE ----- IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER ----- DETACH HERE ---

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2015** **Payment Voucher for Corporations and Exempt Organizations e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

0000000 USEN 13-3055038 1237004 15 FORM 3
TYB 01-01-2015 TYE 12-31-2015
USENIX ASSOCIATION

2560 NINTH STREET SUITE 215
BERKELEY CA 94710

(510) 528-8649

Amount of Payment 10 .

TAXABLE YEAR

2015

California e-file Return Authorization for Exempt Organizations

FORM 8453-EO

Table with 2 columns: Exempt Organization name, Identifying number. Row 1: USENIX ASSOCIATION, 13-3055038

Part I Electronic Return Information (whole dollars only)

Table with 3 rows: 1 Total gross receipts (Form 199, line 4) 6,736,099.00; 2 Total gross income (Form 199, line 8) 4,968,378.00; 3 Total expenses and disbursements (Form 199, line 9) 4,966,809.00

Part II Settle Your Account Electronically for Taxable Year 2015

Table with 2 columns: 4 Electronic funds withdrawal, 4a Amount, 4b Withdrawal date (mm/dd/yyyy)

Part III Banking Information (Have you verified the exempt organization's banking information?)

Table with 2 columns: 5 Routing number, 6 Account number, 7 Type of account: Checking, Savings

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here

Signature of officer, Date

EXECUTIVE DIRECTOR, Title

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Table for ERO and Paid Preparer information. Includes fields for ERO's signature, Date, Check if also paid preparer, Check if self-employed, ERO's PTIN, Firm's name (BONG HILLBERG LEWIS FISCHESSER LLP), FEIN (45-4806875), and address (1550 PARKSIDE DRIVE, SUITE 260, WALNUT CREEK, CA, ZIP code 94596).

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Table for Paid Preparer information. Includes fields for Paid preparer's signature, Date, Check if self-employed, Paid preparer's PTIN, Firm's name (BONG HILLBERG LEWIS FISCHESSER LLP), FEIN (45-4806875), and address (1550 PARKSIDE DRIVE, SUITE 260, WALNUT CREEK, CA, ZIP code 94596).

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>058137</u> USENIX ASSOCIATION <small>Name of Organization</small> <u>2560 NINTH STREET, SUITE 215</u> <small>Address (Number and Street)</small> <u>BERKELEY, CA 94710</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>1237004</u> Federal Employer I.D. No. <u>13-3055038</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2015 ending 12/31/2015) list:
 Gross annual revenue \$ 4,968,378. Total assets \$ 6,569,147.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 11	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (510) 528-8649

 Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

CASEY HENDERSON
EXECUTIVE DIRECTOR
Signature of authorized officer
Printed Name
Title
Date

\$595,789
NATIONAL SCIENCE FOUNDATION
4201 WILSON BOULEVARD
ARLINGTON, VA 22230
DEIDRE COATS, NSF GRANTS OFFICIAL
(703) 292-4804