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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2011 Open to Public Inspection
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A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA FND INC Doing Business As <table><tr><td>Number and street (or P O box if mail is not delivered to street address) 950 F STREET NW NO 300</td><td>Room/suite</td></tr></table> City or town, state or country, and ZIP + 4 WASHINGTON, DC 20004	Number and street (or P O box if mail is not delivered to street address) 950 F STREET NW NO 300	Room/suite	D Employer identification number 52-6063009 E Telephone number (202) 572-7755 G Gross receipts \$ 3,626,321
	Number and street (or P O box if mail is not delivered to street address) 950 F STREET NW NO 300	Room/suite		
	F Name and address of principal officer DEL PERSINGER 950 F STREET NW NO 300 WASHINGTON,DC 20004	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶		
	I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527			
	J Website: ▶ WWW.PHRMAFOUNDATION.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶				
L Year of formation 1965				
M State of legal domicile DC				

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE FINANCIAL SUPPORT TO INDIVIDUALS OR INSTITUTIONS IN ORDER TO PROMOTE, THROUGH SCIENTIFIC AND MEDICAL RESEARCH, THE BETTERMENT OF PUBLIC HEALTH		
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2
6 Total number of volunteers (estimate if necessary)	6	10	
7a 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)	2,351,540	3,132,300
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,082	33,568
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	667,621	460,453
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
		3,065,243	3,626,321
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,214,588	1,975,485
	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)	283,703	302,784
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 3,092		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	171,811	200,433
	19 Revenue less expenses Subtract line 18 from line 12	2,670,102	2,478,702
Net Assets or Fund Balances		395,141	1,147,619
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	15,638,846	17,505,081
	21 Total liabilities (Part X, line 26)	112,405	605,418
22 Net assets or fund balances Subtract line 21 from line 20	15,526,441	16,899,663	

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		2012-05-15 Date	
	DEL PERSINGER, PRESIDENT Type or print name and title			
Paid Preparer's Use Only	Preparer's signature ▶	DEBORAH G KOSNETT	Date	Check if self-employed ▶ ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	TATE AND TRYON 2021 L STREET NW SUITE 400 WASHINGTON, DC 20036		Preparer's taxpayer identification number (see instructions) P00290720
			EIN ▶ 52-1855942	Phone no ▶ (202) 293-2200
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 to any question in this Part III ☐ Yes ☒ No

1	Briefly describe the organization's mission			
TO PROVIDE FINANCIAL SUPPORT TO INDIVIDUALS OR INSTITUTIONS IN ORDER TO PROMOTE, THROUGH SCIENTIFIC AND MEDICAL RESEARCH, THE BETTERMENT OF PUBLIC HEALTH				
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 ☒ No			
If "Yes," describe these new services on Schedule O				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No			
If "Yes," describe these changes on Schedule O				
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.			
4a	(Code)	(Expenses \$ 2,066,320	including grants of \$ 1,975,485	) (Revenue \$ 0)
TO FOCUS ON CAREER DEVELOPMENT IN DISCIPLINES IMPORTANT TO THE PHARMACEUTICAL INDUSTRY, ESPECIALLY TO ATTRACT BRIGHT YOUNG TALENT AT A CRITICAL POINT AT THE BEGINING OF THEIR CAREERS. THE RESULT OF THEIR CAREER DEVELOPMENT IS NEW AND IMPROVED MEDICINES TO ENHANCE THE QUALITY OF LIFE WORLD WIDE WHILE CONTAINING THE OVERALL COST OF HEALTHCARE, THUS IMPROVING AND PROMOTING THE IMPACT OF THE RESEARCH INTENSIVE PHARMACEUTICAL INDUSTRY. THE FOUNDATION GRANTED 40 AWARDS IN 2011 TO YOUNG SCIENTISTS TO ENCOURAGE THE CONTINUATION OF THEIR CAREERS AND TECHINCAL KNOWLEDGE WITH PHARMACEUTICAL RESEARCH.				
4b	(Code)	(Expenses \$	including grants of \$	) (Revenue \$)
4c	(Code)	(Expenses \$	including grants of \$	) (Revenue \$)
4d	Other program services (Describe in Schedule O)			
(Expenses \$ including grants of \$) (Revenue \$)				
4e	Total program service expenses \$ 2,066,320			

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)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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>	25a		No
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>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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>	35b		No
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
Check if Schedule O contains a response to any question in this Part V ☐				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a16		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the aggregate amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question 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	1a	11	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA , CO , CT , GA , IL , MD , MA , NJ , NY , NC , PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request	
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. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	DEL PERSINGER 950 F STREET NW NO 300 WASHINGTON,DC 20004 (202) 572-7755

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GARRY A NEIL MD CHAIRMAN	1 00	X		X				0	0	0
(2) MIKAEL DOLSTEN MD PHD DIRECTOR	1 00	X						0	0	0
(3) IVAN GERGEL MD DIRECTOR	1 00	X						0	0	0
(4) GLENN J GORMLEY MD PHD DIRECTOR	1 00	X						0	0	0
(5) HOWARD G HUTCHINSON MD DIRECTOR	1 00	X						0	0	0
(6) PETER S KIM PHD DIRECTOR	1 00	X						0	0	0
(7) JOHN M LEONARD MD DIRECTOR	1 00	X						0	0	0
(8) JAN M LUNDBERG PHD DIRECTOR	1 00	X						0	0	0
(9) JOHN ORLOFF MD DIRECTOR	1 00	X						0	0	0
(10) MONCEF M SLAOUI PHD DIRECTOR	1 00	X						0	0	0
(11) JOHN CASTELLANI DIRECTOR	1 00	X						0	0	0
(12) ARDELL PERSINGER PRESIDENT	5 00			X				54,059	717,663	171,455
(13) EILEEN CANNON EXECUTIVE DIRECTOR	37 50				X			221,091	0	146,341

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	275,150	717,663	317,796

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	Yes

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,132,300				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			3,132,300			
Program Service Revenue			Business Code					
	2a	GRANTS REFUNDED	900099	33,568	33,568			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			33,568			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		373,787			373,787	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		86,666						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)		86,666				
	d	Net gain or (loss)		86,666			86,666	
	8a	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 . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances		a					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			3,626,321	33,568	0	460,453	

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	119,694	119,694		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,855,791	1,855,791		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	267,219	80,166	184,861	2,192
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	23,608	7,082	15,926	600
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,957	3,587	8,370	
11	Fees for services (non-employees)				
a	Management				
b	Legal	15		15	
c	Accounting	15,309		15,309	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	11,889		11,889	
g	Other	1,908		1,908	
12	Advertising and promotion	28,936		28,936	
13	Office expenses	2,407		2,107	300
14	Information technology	21,513		21,513	
15	Royalties				
16	Occupancy				
17	Travel	30,267		30,267	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	60,280		60,280	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,820		9,820	
23	Insurance	5,386		5,386	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BANK & PAYROLL CHARGES	8,834		8,834	
b	MEMBERSHIP DUES	2,115		2,115	
c	MISCELLANEOUS	1,754		1,754	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,478,702	2,066,320	409,290	3,092
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			1,288,027	2	2,004,170
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			0	4	240,000
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			261,000	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	37,987			
	b	Less: accumulated depreciation	10b	30,625	17,182	10c	7,362
	11	Investments—publicly traded securities			14,072,637	11	15,253,549
	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)			15,638,846	16	17,505,081	
Liabilities	17	Accounts payable and accrued expenses			112,405	17	605,418
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	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			112,405	26	605,418
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			15,526,441	27	16,899,663
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ 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			15,526,441	33	16,899,663
34	Total liabilities and net assets/fund balances			15,638,846	34	17,505,081	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,626,321
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,478,702
3	Revenue less expenses Subtract line 2 from line 1	3	1,147,619
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,526,441
5	Other changes in net assets or fund balances (explain in Schedule O)	5	225,603
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	16,899,663

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA FND INC	Employer identification number 52-6063009
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,240,886	2,708,691	2,650,461	2,351,540	3,132,300	14,083,878
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	3,240,886	2,708,691	2,650,461	2,351,540	3,132,300	14,083,878
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)						8,208,226
6 Public Support. Subtract line 5 from line 4						5,875,652

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	3,240,886	2,708,691	2,650,461	2,351,540	3,132,300	14,083,878
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	429,639	440,179	387,466	369,041	373,787	2,000,112
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets			160,043	46,082	33,568	239,693
11 Total support (Add lines 7 through 10)						16,323,683

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 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	35 990 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	34 320 %

16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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—2011. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. 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 IV 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 52-6063009
Name: PHARMACEUTICAL RESEARCH AND
MANUFACTURERS OF AMERICA FND INC

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
PHARMACEUTICAL RESEARCH AND
MANUFACTURERS OF AMERICA FND INC

Employer identification number
52-6063009

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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?	
	☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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	
	☐ Yes ☐ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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	Investment earnings or 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 year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. 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				
e Other		37,987	30,625	7,362
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				7,362

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,626,321
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,478,702
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,147,619
4	Net unrealized gains (losses) on investments	4	225,603
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	225,603
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,373,222

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,892,251
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	225,603
b	Donated services and use of facilities	2b	40,327
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	265,930
3	Subtract line 2e from line 1	3	3,626,321
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,626,321

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,519,029
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	40,327
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	40,327
3	Subtract line 2e from line 1	3	2,478,702
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,478,702

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE FOUNDATION'S INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY THE IRS FOR THREE YEARS AFTER THEY WERE FILED.

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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
PHARMACEUTICAL RESEARCH AND
MANUFACTURERS OF AMERICA FND INC

Employer identification number
52-6063009

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
(1) AMERICAN FOUNDATION FOR PHARMACEUTICAL EDUCATIONONE CHURCH ST SUITE 202 ROCKVILLE,MD 20850	53-0214882	501(C)(3)	7,500				ANNUAL CONTRIBUTION TO SUPPORT THEIR GRANT PROGRAM
(2) FOUNDATION FOR THE NATIONAL INSTITUTES OF HEALTH9650 ROCKVILLE PIKE BETHESDA,MD 20814	52-1986675	501(C)(3)	74,694				SUPPORT NIH CLINICAL PHARMACOLOGY COURSE
(3) REAGAN UDALL FOUNDATION OF THE FDA 2776 S ARLINGTON MILL DRIVE STE 162 162 ARLINGTON,VA 22206	26-3727917	501(C)(3)	37,500				GENERAL SUPPORT

2

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

3

3

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

0

Part IIIGrants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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
(1) AWARDS IN EXCELLENCE-THE AWARD IN EXCELLENCE AWARDS ARE GIVEN TO SCIENTISTS WHO RECEIVED A FOUNDATION GRANT AT THE OUTSET OF THEIR CAREERS IN A DISCIPLINE IMPORTANT TO THE RESEARCH-BASED PHARMACEUTICAL INDUSTRY WHEN THEY WERE DECIDING THEIR AREA OF SPECIALIZATION AND THEN WENT ON TO DISTINGUISH THEMSELVES THROUGH THEIR SCIENTIFIC AND/OR ACADEMIC ACHIEVEMENTS	2	15,000			
(2) CLINICAL PHARMACOLOGY AWARDS-THE INTENT OF THESE PROGRAMS IS TO ENCOURAGE MULTIDISCIPLINARY TRAINING DESIGNED TO BRING THE PERSPECTIVE OF MOLECULAR, CELL AND SYSTEMS BIOLOGY TO BEAR ON RESEARCH IN PHARMACOLOGY IN INTACT ORGANISMS THE SCOPEOF THESE PROGRAMS INCLUDES BASIC STUDIES OF DRUG ACTION, DETECTION OF CELLULAR RESPONSES TO DRUGS AT THE GENE LEVEL THAT CREATE OPPORTUNITIES TO OPTIMIZE INDIVIDUALIZED DRUG THERAPY, AND THE CORRESPONDING EVALUATION OF PHARMACEUTICALS IN HUMAN AND CLINICAL POPULATIONS RESEARCH PROJECTS TO EXTEND OR DEVELOP THE PROPRIETARY VALUE OF SPECIFICDRUGS ARE NOT ACCEPTABLE THIS EXCLUSION DOES NOT PRECLUDE RESEARCHIN WHICH SPECIFIC DRUG PRODUCTS ARE USED TO TEST HYPOTHESES THAT HAVEGENERAL APPLICABILITY	5	378,000			
(3) BASIC PHARMACOLOGY AWARDS-THE INTENT OF THESE PROGRAMS IS TO ENCOURAGE MULTIDISCIPLINARY TRAINING DESIGNED TO BRING THE PERSPECTIVE OF MOLECULAR, CELL AND SYSTEMS BIOLOGY TO BEAR ON RESEARCH IN PHARMACOLOGY AND TOXICOLOGY THE SCOPE OF THESE PROGRAMS INCLUDES BASIC STUDIES OF DRUG ACTION, DETECTION OF CELLULAR RESPONSES TO DRUGS AT THE GENE LEVEL THAT CREATE OPPORTUNITIES TO OPTIMIZE INDIVIDUALIZED DRUG THERAPY, AND THE CORRESPONDINGEVALUATION OF PHARMACEUTICALS IN HUMAN AND CLINICAL POPULATIONS RESEARCH PROJECTS TO EXTEND OR DEVELOP THE PROPRIETARY VALUE OF SPECIFIC DRUGS ARE NOT ACCEPTABLE THIS EXCLUSION DOES NOT PRECLUDE RESEARCH IN WHICH SPECIFIC DRUG PRODUCTS ARE USED TO TEST HYPOTHESES THAT HAVE GENERAL APPLICABILITY	25	620,000			
(4) PHARMACEUTICS AWARDS-PHARMACEUTICS IS THAT AREA OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES THAT DEALS WITH DRUG DELIVERY SYSTEMS,IN PARTICULAR THE DESIGN AND EVALUATION OF CONTEMPORARY PHARMACEUTICAL DOSAGE FORMS SO THAT THEY ARE SAFE, EFFECTIVE, AND RELIABLE IT IS A MULTIDISCIPLINARY AREA, WITH SIGNIFICANT UNDERPINNINGS FROM SUCH BASIC SCIENTIFIC DISCIPLINES AS PHYSICAL CHEMISTRY, PHYSICAL ORGANIC CHEMISTRY, AND BIOPHYSICS PHARMACEUTICS PLACES A STRONG EMPHASIS ON UNDERSTANDING AND EXPLOITING THE PRINCIPLES UNDERLYING DRUG DELIVERY, WHETHER A DRUG IS A SMALL ORGANIC MOLECULE, A HIGHER MOLECULAR WEIGHT PROTEIN, OR A PEPTIDE DERIVED THROUGH THE USE OF BIOTECHNOLOGY	12	275,000			
(5) HEALTH OUTCOMES-OUTCOMES RESEARCH SPANS A BROAD SPECTRUM OF ISSUES FROM STUDIES EVALUATING THE EFFECTIVENESS OF A PARTICULAR PHARMACEUTICAL INTERVENTION TO THE IMPACT OF REIMBURSEMENT POLICIES ON THE OUTCOMES OF CARE IT ALSO RANGES FROM THE DEVELOPMENT AND USE OF TOOLS TO PERFORM PATIENT-BASED ASSESSMENTS TO ANALYSES OF THE BEST WAY TO DISSEMINATE THE RESULTS OF OUTCOMES RESEARCH TO PROVIDERS OR CONSUMERS TO ENCOURAGE BEHAVIOR CHANGE OUTCOMES RESEARCH INCORPORATES A VARIETY OF RESEARCH METHODS FROM VARIOUS DISCIPLINES THE APPLICATION OF OUTCOMES RESEARCH PRINCIPLES AIDS IN EVALUATING THE DESIGN, DELIVERY, AND EFFECTIVENESS OF PHARMACEUTICALS PHARMACOECONOMICS EVALUATES THE BEHAVIOR OF INDIVIDUALS, ORGANIZATIONS AND MARKETS RELEVANT TO THE USE OF PHARMACEUTICAL PRODUCTS, SERVICES AND PROGRAMS	11	323,625			
(6) INFORMATICS-THE GOAL OF THE INFORMATICS PROGRAM IS TO PROMOTE THE USE AND DEVELOPMENT OF INFORMATICS IN AN INTEGRATIVE APPROACH TOWARDS THE UNDERSTANDING OF HUMAN BIOLOGICAL AND DISEASE PROCESSES INFORMATICS AWARDS WILL SUPPORT CAREER DEVELOPMENT OF SCIENTISTS ENGAGED IN RESEARCH THAT SIGNIFICANTLY INTEGRATES CUTTING-EDGE INFORMATION TECHNOLOGY WITH ADVANCED BIOLOGICAL, CHEMICAL AND PHARMACOLOGICAL SCIENCES IN THE AREAS OF GENETICS, GENOMICS, PROTEOMICS, SYSTEMS BIOLOGY AND MOLECULAR EPIDEMIOLOGY	11	202,500			
(7) -COMPARATIVE EFFECTIVENESS RESEARACH (CER) EXAMINES THE CLINICAL EFFECTIVENESS, BENEFITS AND RISKS OF DIFFERENT MEDICAL OR HEALTH CARE INTERVENTIONS, INCLUDING DRUGS, MEDICAL TECHNOLOGY, OR APPROACHES TO ORGANIZING AND MANAGING HEALTH CARE THE RESULTS OF THESE COMPARISON STUDIES ARE USED BY MEDICAL PROFESSIONALS TO MAKE INFORMED HEALTH CARE DETERMINATIONS WITH THE GOAL OF IMPROVING PATIENT CARE THE PHRMA FOUNDATION PROGRAM'S GOAL IS TO INITIATE THE PROCESS OF ORGANIZING, BUILDING, AND DELIVERING UNIVERSITY BASED M S AND PH D CURRICULAR PROGRAMS IN U S COLLEGES AND SCHOOLS TO INSTILL KNOWLEDGE AND HONE CER SKILLS IN STUDENTS THESE STUDENTS WILL EVENTUALLY TEACH, RESEARCH, AND INTERPRET CER TO BETTER PATIENT OUTCOMES THE NEW GRANT - WHICH WILL BE AWARDED ANNUALLY - WILL ALSO HELP SUPPORT PROGRAMS FOR HIGH-QUALITY CER BY GIVING RESEARCHERS AND PRACTITIONERS THE EDUCATIONAL TOOLS THEY NEED TO HELP CARRY OUT CER STUDIES	2	41,666			

Part IVSupplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE GRANTS AND FELLOWSHIPS ARE AWARDED WITH INFORMATION ON HOWTHE FUNDS MAY BE SPENT AND ADMINISTERED THE SECOND YEAR OF FUNDING, IF APPLICABLE, IS CONTINGENT UPON A SATISFACTORY REVIEW OF THE AWARD RECIPIENT'S PROGRESS DURING THE FIRST TEN MONTHS OF FUNDING A PROGRESS REPORT IS DUE TO THE FOUNDATION PRIOR TO THE BEGINNING OF THE SECOND YEAR OF FUNDING THE PROGRESS IS ASSESSED BY THE ADVISORY COMMITTEE THE DECISION TO CONTINUE THE FUNDING IS BASED ON ADHERENCE TO THE GOALS OF THE ANNOUNCEMENT OF THE OVERALL PROGRAM, AND ALSO IN KEEPING WITH THE ORIGINALLY PROPOSED RESEARCH ON WHICH THE AWARD WAS BASED IN ADDITION TO THE PROGRESS REPORT, THE FOUNDATION MUST RECEIVE CERTIFICATION FROM THE THESIS ADVISOR THAT SATISFACTORY PROGRESS IS BEING ACHIEVED IF IT IS THE PRE DOCTORAL FELLOWSHIP A FINANCIAL REPORT IS ALSO DUE TO THE FOUNDATION AFTER THE FIRST YEAR OF FUNDING AND FOLLOWING THE END OF THE FUNDING PERIOD FOR ALL AWARDS THE INSTITUTION MUST STIPULATE THE AMOUNT OF FUNDS RECEIVED BY THE UNIVERSITY, HOWTHE FUNDS HAVE BEEN USED/SPENT AND IF THERE IS A REMAINING BALANCE ON THE ACCOUNT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA FND INC	Employer identification number 52-6063009
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Part I

Questions Regarding Compensation

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

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

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

[illegible]

Part IIISupplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 3	THE FOUNDATION'S PRESIDENT IS EMPLOYED BY THE PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA (PHRMA), AN ORGANIZATION THAT HAS A HISTORIC AND CONTINUING RELATIONSHIP WITH THE FOUNDATION BUT THAT IS NO LONGER A 'RELATED' ORGANIZATION FOR PURPOSES OF FORM 990 REPORTING.
SUPPLEMENTAL INFORMATION	PART III	FORM 990, PART VII, QUESTION 5. THE FOUNDATION'S PRESIDENT IS COMPENSATED BY THE PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA (PHRMA), A SECTION 501(C)(6) ORGANIZATION WITH WHICH THE FOUNDATION HAS A HISTORIC AND CONTINUING RELATIONSHIP. COMPENSATION WAS PROVIDED TO ARDELL PERSINGER AS DETAILED IN PART VII AND SCHEDULE J, AND INCLUDED SALARY, BONUS/INCENTIVE COMPENSATION, AND STANDARD EMPLOYEE BENEFITS, INCLUDING A 403B PLAN, A 457 PLAN, A DEFINED BENEFIT PENSION PLAN, AND HEALTH INSURANCE. THE REPORTABLE COMPENSATION IN PART VII, COLUMN (D) WAS REIMBURSED TO PHRMA BY THE FOUNDATION. THE COMPENSATION REPORTED IN COLUMNS (E) AND (F) WERE PAID BY PHRMA.

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA FND INC	Employer identification number 52-6063009
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE PRESIDENT OF THE PHARMA CEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA (PHRMA), A SECTION 501(C)(6) TRADE ASSOCIATION THAT HAS A HISTORIC AND CONTINUING RELATIONSHIP WITH THE FOUNDATION, IS AN EX-OFFICIO MEMBER OF THE FOUNDATION'S BOARD OF DIRECTORS FOUNDATION DIRECTORS MUST BE RESEARCH AND DEVELOPMENT EXECUTIVES OF COMPANIES THAT ARE MEMBERS OF PHRMA, BUT ARE ELECTED BY THE FOUNDATION BOARD ITSELF
	FORM 990, PART VI, SECTION B, LINE 11	THE FOUNDATION FORM 990 IS PREPARED BY TATE & TRY ON, CPAS, AND REVIEWED INTERNALLY BY KEY FINANCIAL MANGEMENT, THE EXECUTIVE DIRECTOR AND PRESIDENT A COPY OF THE 990 IS PROVIDED TO THE BOARD OF DIRECTORS TO REVIEW PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES OF THE FOUNDATION MUST REPORT POTENTIAL AND ACTUAL CONFLICTS AS THEY ARISE IN ADDITION, THEY ARE REQUIRED TO SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT WHEN A POTENTIAL CONFLICT OF INTEREST IS DISCLOSED TO, OR OTHERWISE COMES TO THE ATTENTION OF, THE PRESIDENT AND CEO, THE CHAIR OF THE BOARD OR A NON-AFFECTED DIRECTOR, HE OR SHE SHALL CONSIDER ALL THE RELEVANT CIRCUMSTANCES AND SHALL DETERMINE WHETHER THE ARRANGEMENT IS POTENTIALLY HARMFUL TO THE BEST INTERESTS OF THE FOUNDATION IF THE ARRANGEMENT IS FOUND NOT TO BE HARMFUL, THEN THE ARRANGEMENT MAY BE AUTHORIZED OR APPROVED, OTHERWISE, THE DIRECTOR, OFFICER OR KEY EMPLOYEE WHO IS INVOLVED OR EXPECTS TO BE INVOLVED IN THE ARRANGEMENT SHALL BE NOTIFIED THAT THE ARRANGEMENT IS NOT AUTHORIZED OR APPROVED AND, IF ALREADY IN EXISTENCE, SHOULD BE TERMINATED THE EXECUTIVE DIRECTOR SHALL AUTHORIZE OR APPROVE AN ARRANGEMENT ONLY AFTER CONSULTING WITH THE CHAIR OF THE BOARD THE CHAIR OF THE BOARD SHALL AUTHORIZE OR APPROVE AN ARRANGEMENT ONLY UPON A VOTE OF A MAJORITY OF UNINVOLVED DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 15	FORM 990, PART VI, SECTION B, QUESTION 15 THE OFFICERS OF THE GOVERNING BODY REVIEWED THE EXECUTIVE DIRECTOR'S COMPENSATION IN DECEMBER AS PART OF THE ANNUAL PERFORMANCE EVALUATION PROCESS AN INDEPENDENT CONSULTING FIRM WAS RETAINED TO PERFORM A MARKET SURVEY AND SALARY REVIEW FOR THE EXECUTIVE DIRECTOR'S POSITION THE RESULTS OF THE STUDY WERE PROVIDED TO THE OFFICERS OF THE GOVERNING BODY AS PART OF THEIR DETERMINATION PROCESS AT THE CONCLUSION OF THE PROCESS, A SALARY DETERMINATION WAS MADE BY THE OFFICERS DOCUMENTED IN COMPLIANCE WITH THE ORGANIZATION'S POLICIES, AND PROVIDED TO THE FINANCE DEPARTMENT FOR INCLUSION IN THE NEXT PAY CYCLE THE PRESIDENT OF THE FOUNDATION IS COMPENSATED BY THE PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA (PHRMA), A SECTION 501(C)(6) ORGANIZATION WITH WHICH THE FOUNDATION HAS A HISTORIC AND CONTINUING RELATIONSHIP, BUT WHICH IS NOT RELATED TO THE FOUNDATION FOR FORM 990 PURPOSES THE PRESIDENT'S COMPENSATION IS DETERMINED IN ACCORDANCE WITH PHRMA POLICY, WHICH INCLUDES BOARD REVIEW AND OTHER FACTORS NOTED IN QUESTION 15 A PORTION OF HIS PHRMA COMPENSATION IS CHARGED TO THE FOUNDATION FOR DUTIES PERFORMED IN HIS CAPACITY AS FOUNDATION PRESIDENT
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 225,603
	FORM 990, PART XII, LINE 2C	THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR