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DLN: 93493181005075

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 cal	endar year, or tax year beginning 01-01-2014 , and ending 12-31-2014				
		pplicable	C Name of organization RESEARCHAMERICA		D Emplo	yer iden	ntification number
	dress ch	-			52-1	609875	5
∏ Na	me cha	inge	Doing business as				
∏ Inı	tıal retu	ım			E Teleph	one numl	ber
Fir		mınated	Number and street (or P O box if mail is not delivered to street address) Room/suit 1101 KING STREET NO 520	e	, i		
	nended		Character and TD of many and the		(703	739-2	3//
_		n pending	City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 223142960		G Gross	receipts \$	3,571,707
			F Name and address of principal officer	U(a) ⊺o	this a group	roturn	for
			MARY WOOLLEY		this a group ibordinates?		r Yes v No
			1101 KING STREET NO 520 ALEXANDRIA, VA 223142960				
					re all subord cluded?	ınates	Γ Y es Γ No
I Ta	ıx-exen	npt status	▼ 501(c)(3)			n a list	(see instructions)
J W	ebsite	e: 🕨 WW	vw researchamerica org	H(c) G	roup exemp	tion nun	nber ►
K For	m of or	a a nization	Corporation Trust Association Other ►		of formation 19	990 M	State of legal domicile DC
	rt I		Imary	L real C	or ioiiiiation 1:	909 14	state of legal dofficile. De
			escribe the organization's mission or most significant activities				
Governance	'	WORKIN	RCH'AMERICA IS THE NATION'S LARGEST NOT-FOR-PROFIT PUBLING TO MAKE RESEARCH TO IMPROVE HEALTH A HIGHER NATIONA GULATORY ENVIRONMENT SUPPORTIVE OF MEDICAL INNOVATIO	LPRIOR			
S O R	2	Check th	his box দ if the organization discontinued its operations or disposed of	more tha	n 25% of its	net as:	sets
							•
Activities &			of voting members of the governing body (Part VI, line 1a)			3	36
볼			of independent voting members of the governing body (Part VI, line 1b)			4	35
্ব			mber of individuals employed in calendar year 2014 (Part V, line 2a) . mber of volunteers (estimate if necessary)			5 6	26 50
			related business revenue from Part VIII, column (C), line 12			7a	0
			elated business taxable income from Form 990-T, line 34			7b	0
	-			_	Prior Year	1,5	Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)		1,366,	007	1,505,798
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		1,908,	235	1,975,385
<u>a</u>	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)		4,	516	2,924
ш	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-85,	967	-113,001
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		3,192,	791	3,371,106
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)			.000	17,000
	14		its paid to or for members (Part IX, column (A), line 4)			0	0
	15		es, other compensation, employee benefits (Part IX, column (A), lines		2,197,	268	2,173,759
\$		5-10)	•			0	
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)			- 0	0
五	Ь		ındraısıng expenses (Part IX, column (D), line 25) ▶468,887				
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		877,	_	863,231
	18 19		expenses Add lines 13-17 (must equal Part IX, column (A), line 25) nue less expenses Subtract line 18 from line 12		3,100,	560	3,053,990
<u> </u>	19	Reven	ide less expelises Subtract line 10 nom line 12		ning of Curre		317,116 End of Year
Net Assets or Fund Balances	20	Takal	(Doub V. Line 1.C.)		Year	360	
A.S.	20 21		assets (Part X, line 16)		2,335, 471,	_	2,677,738 496,857
ZŽ	22		ssets or fund balances Subtract line 21 from line 20		1,863,		2,180,881
	12 III	_	nature Block		1,003,	. 55	2,100,001
my k	nowled arer ha	as any ki	ature of officer				
	-		HAEL COBURN COO e or print name and title				
			Preparer's signature Da	te	Check I If	PTIN	
Pai	d	_	WILLIAM E TURCO CPA WILLIAM E TURCO CPA Firm's name ► MCGLADREY LLP		self-employed Firm's EIN ► 4		
	pare On	•r	-irm's name ► MCGLADREY LLP -irm's address ► 9737 WASHINGTONIAN BLVD 400		Phone no (30)		

GAITHERSBURG, MD 208787340

May the IRS discuss this return with the preparer shown above? (see instructions) .

✓ Yes ☐ No

Form	90 (2014)	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
то м	Briefly describe the organization's mission RCHIAMERICA IS THE NATION'S LARGEST NOT-FOR-PROFIT PUBLIC EDUCATION AND ADVOCACY ALLIANCE WOR KE RESEARCH TO IMPROVE HEALTH A HIGHER NATIONAL PRIORITY WE ADVOCATE FOR A LEGISLATIVE AND ATORY CLIMATE THAT STIMULATES PRIVATE SECTOR MEDICAL INNOVATION	KING
	Id the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	TYes," describe these new services on Schedule O Id the organization cease conducting, or make significant changes in how it conducts, any program ervices?	No
4	escribe 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 are required to report the amount of grants and allocations to others, ne total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 1,671,690 including grants of \$ 17,000) (Revenue \$ 1,352,585) ADVOCACY FOR INCREASED FEDERAL RESEARCH FUNDING AND A LEGISLATIVE AND REGULATORY CLIMATE THAT STIMULATES PRIVATE SECTOR MEDICAL INNOVATION THE BENEFITS OF MEDICAL INNOVATION ARE FAR REACHING - FROM THE SURVIVAL OF CHILDREN WITH CANCER TO THE CREATION OF NEAS THE NATION'S LARGEST NONPROFIT ALLIANCE WORKING TO MAKE RESEARCH TO IMPROVE HEALTH A HIGHER NATIONAL PRIORITY, A VITAL PART OF RESEARCHIAMERICA'S MISSION IS TO RALLY SCIENTISTS AND THE PUBLIC TO SPEAK UP FOR MEDICAL AND HEALTH RESEARCH AND URGE POLICYMAKER ON THE IMPORTANCE OF FUNDING RESEARCH AND SUPPORTING POLICIES THAT SPUR PRIVATE SECTOR INNOVATION (CONTINUED ON SCHEDULE O)RES AMERICA TOOK PART IN 95 CONGRESSIONAL MEETINGS THROUGHOUT 2014, AND INITIATED AND SIGNED ONTO 43 LETTERS AND STATEMENTS TO CONGISSUES THAT COULD EITHER STALL OR PROPEL MEDICAL PROGRESS THESE ISSUES INCLUDED THE NEED FOR ROBUST FUNDING FOR MEDICAL AND HEA RESEARCH, TAX AND REGULATORY REFORM, AND ELIMINATING SEQUESTRATION WE SUBMITTED TESTIMONY ON EBOLA FUNDING, MAKING THE CASE THE SHOULD SUPPLEMENT, NOT SUPPLANT, THE INCREASED FUNDING NEEDED TO MEET OTHER U.S. PRIORITIES IN THE INTERCONNECTED RESEARCH AND INFORMATION THE PRIVATE SECONOMIC, SOCIETAL AND HUMAN HEALTH BENEFITS OF RESEARCH AND INNOVATION THE 14 ACTION ALERTS ISSUED BY RESEARCHIAMERICA TO OUR INNOVATION TO ELEVATE PUBLIC SUPPORT FOR RESEARCH AND INNOVATION THE 14 ACTION ALERTS ISSUED BY RESEARCHIAMERICA TO OUR INNOVATION TO ELEVATE PUBLIC SUPPORT FOR RESEARCH AND INNOVATION, RESEARCHIAMERICA'S MEDIA OUTREACH OBTAINED 41 PUBLISHED OP-ED INNOVATION TO ELEVATE PUBLIC SUPPORT FOR RESEARCH AND INNOVATION, RESEARCHIAMERICA'S MEDIA OUTREACH OBTAINED 41 PUBLISHED OP-ED INNOVATION TO ELEVATE PUBLIC SUPPORT FOR RESEARCH AND INNOVATION, RESEARCHIAMERICA'S MEDIA OUTREACH OBTAINED 41 PUBLISHED OP-ED INNOVATION TO ELEVATE PUBLIC SUPPORT FOR RESEARCH AND INNOVATION, RESEARCHIAMERICA'S MEDIA OUTREACH OBTAINED 41 PUBLISHED OP-ED INNOVATION.	S TO ACT EARCHI RESS, ON LTH IAT THIS PUBLIC MEMBERS ORT
4b	(Code) (Expenses \$ 215,921 including grants of \$) (Revenue \$ 393,800) FACILITATING DIALOGUE BETWEEN ADVOCATES AND POLICY MAKERS DURING 2014, RESEARCHIAMERICA CONVENED 13 MAJOR FORUMS AND POLICY DISCUSSIONS TO ENGAGE POLICY MAKERS, THOUGHT LEADERS AND ADVOCATES ON ISSUES OF VITAL IMPORTANCE TO THE SCIENCE AND MEDICAL RESE ECOSYSTEM INCLUDED IN OUR PROGRAMMING, RESEARCHIAMERICA'S 2014 NATIONAL HEALTH RESEARCH FORUM BROUGHT TOGETHER A DIVERSE GRO PANELISTS FROM INDUSTRY, ACADEMIA, PATIENT GROUPS, RESEARCH INSTITUTES AND GOVERNMENT FOR WIDE-RANGING DISCUSSIONS ON DIFFEREN OF THE THEME "STRAIGHT TALK ABOUT THE FUTURE OF MEDICAL AND HEALTH RESEARCH "A ROUNDTABLE DISCUSSION ON "THE PUBLIC'S ATTITUDES," THE HEALTH AND ECONOMIC IMPACT OF VISION LOSS AND EYE DISEASE," WAS HOSTED BY RESEARCHIAMERICA AND (CONTINUED ON SCHEDULE O)ATTI MEMBERS OF THE MEDIA AND LEADERS IN THE EYE AND VISION RESEARCH COMMUNITY THE CHALLENGES AND OPPORTUNITIES FOR ADVANCING CANCE RESEARCH AND THE PROSPECTS FOR A FUTURE WHERE CANCERS ARE RENDERED MANAGEABLE WAS THE FOCUS OF A PANEL DISCUSSION TITLED "A WIFE FREE FROM CANCER A ROAD PAVED WITH MEDICAL INNOVATION " PANELISTS EXAMINED VARIOUS ASPECTS OF CANCER RESEARCH AND PATIENT ADVO FROM A REGULATORY, POLICY AND CLINICAL STANDPOINT THEY SPOKE OF SOME OF THE CHALLENGES POSED BY THE CURRENT CLINICAL TRIALS MODE REDED TO IDENTIFY FASTER, LESS EXPENSIVE AND MORE EFFICIENT PATHWAYS FOR THE APPROVAL OF NEW THERAPIES THE PANELISTS CITED THE IMPO ROLE OF ADVOCATES IN FOSTERING MEDICAL INNOVATION BY RAISING AWARENESS WHICH GENERATES PUBLIC AND PRIVATE FUNDING AND INFLUENCE POLICYMAKERS ADDITIONAL PROGRAM TOPICS INCLUDED ELEVATING CHRONIC PAIN AS A HEALTH CARE PRIORITY AND THE IMPORTANCE OF DIAGNOST PATIENT OUTCOMES AND HEALTHCARE EFFICIENCY	OUP OF T FACETS ABOUT ENDED BY ER DRLD CACY L AND THE DRTANT S
4c	(Code) (Expenses \$ 188,820 including grants of \$) (Revenue \$ 136,500) ASK YOUR CANDIDATES! VOTER EDUCATION INITIATIVE RESEARCH! AMERICA'S NATIONAL VOTER EDUCATION INITIATIVE, ASK YOUR CANDIDATES!, LAUNG THE BEGINNING OF 2014, WAS A MAJOR FACET OF OUR ADVOCACY EFFORTS THROUGHOUT THE YEAR LEADING UP TO THE MIDTERM ELECTIONS IN NOV INTENDED TO EQUIP VOTERS WITH VALUABLE INFORMATION REGARDING THEIR CANDIDATE'S STANCE ON POLICIES AND FUNDING FOR MEDICAL RESEAF ALSO EMPOWERED AMERICANS TO MAKE THEIR VOICES HEARD TO CANDIDATES IN THEIR CONGRESSIONAL DISTRICTS THROUGH EMAILS, SOCIAL MEDIA MESSAGES, SELFIES, LETTERS TO THE EDITOR AND OTHER COMMUNICATIONS MESSAGES THE INITIATIVE INVOLVED ON-THE-GROUND EVENTS AND GRA ENGAGEMENT WITH THE SUPPORT OF 26 NATIONAL PARTNER ORGANIZATIONS, (CONTINUED ON SCHEDULE O)WE RECEIVED STATEMENTS FROM NEARL HOUSE AND SENATE CANDIDATES REGARDING THEIR VIEWS OF MEDICAL RESEARCH AND INNOVATION ASK YOUR CANDIDATES! CONCLUDED WITH RESI AMERICA'S POST-ELECTION BRIEFING WHICH PROVIDED AN IN DEPTH DISCUSSION OF THE R&D CONGRESSIONAL OUTLOOK WITH DISTINGUISHED PANE	EMBER CCH, IT SSROOTS Y 170 EARCH
	See Additional Data	
4d	Other program services (Describe in Schedule O) (Expenses \$ 94,036 including grants of \$) (Revenue \$ 92,500)	

2,170,467

Total program service expenses ▶

Form **990** (2014)

Form 990 (2014)
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	1	Yes	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	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^{\bullet}	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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	11b		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	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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 and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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

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	<u> </u>		
4-	Enter the number reported in Pou 2 of Form 1006 Enter Out that applicable 10		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 18 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
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	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4 a	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, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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		
	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 as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		N o
U	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	.,	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax 1a 36 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any 2 Νo Did the organization delegate control over management duties customarily performed by or under the direct 3 Νo supervision of officers, directors or trustees, or key employees to a management company or other person? . Did the organization make any significant changes to its governing documents since the prior Form 990 was Nο Did the organization become aware during the year of a significant diversion of the organization's assets? . Νo Yes Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Yes **b** Each committee with authority to act on behalf of the governing body? 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 $\,\cdot\,\,$. $\,\cdot\,\,$ Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code 10a 10a Did the organization have local chapters, branches, or affiliates? Νo **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?	TOD		
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 this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	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?			
а	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?	16h		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►AK , AL , AR , CA , CT , DC , FL , GA , IL , KS , KY , MA , MD , ME, MI, MS, MN, NC, ND, NJ, NH, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records 20 ►MICHAEL COBURN COO

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	Name and Title A verage hours per more than one box, unless week (list person is both an officer any hours and a director/trustee)	compensation conform the forganization (W- organization conformation conformation)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		compens e oloyee onal Trust onal trustee	, , , , , , , , , , , , , , , , , , ,	2/1099-MISC)	from the organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	▼			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	►	1,098,207	0	131,146

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
EVENT EMISSARY PO BOX 575 WASHINGTON, DC 20044	EVENT PRODUCTION	136,621

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 ►1

Part V	<u>/++1</u>	State Check
	1a	Federa
ints	b	Membe
Gra mo	С	Fundra
iffs, ar A	d	Relate
s, G m∷	e	Governn
ution: ier Si	f	All other sımılar a
d dib	g	Noncash 1a-1f \$
Cor and	h	Total.
anue	2a	DUES
Re Ke	ь	PARTNE
156 J	С	SURVEY
Serv	d	
E	e	
Tog!	f	All oth
	g 3	Total.
	3	Invest and otl
	4	Income
	5	Royalt
	6a	Gross
	b	Less re expense
	C	Rental II or (loss)
	d	Net rei
	7a	Gross ar
	_	assets o than inv
	b	Less co other ba sales ex
	С	Gain or
	d	Net ga
e H	8a	Gross events
even		\$ of cont See Pa
ē Œ		
ott T	b c	Less o
_	9a	Gross
		See Pa
	b	Less (
	10a	Net ind Gross
		returns
	ь	Less
	С	Net ind Misc
	11a	OTHE
	b	
	c	
	d e	All oth
		Total.
	12	Total r

/ 1111	Statement o	f Revenue ule O contains a respo	nse or note to any lir	ne in this Part VIII			
	Check if Schede	are o contains a respo	inse of note to diff in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated camp	paigns 1a					
b	Membership du	es 1b					
c	Fundraising eve	ents 1c	749,270				
d	Related organiz	ations 1d					
e	Government grants	s (contributions) 1e					
f	All other contribution	ons, gifts, grants, and 1f ot included above	756,528				
g	Noncash contribution	ons included in lines	28,495				
h	Total. Add lines	s 1a-1f	🛌	1,505,798			
			Business Code				
2a	DUES		900099	1,352,585	1,352,585		
b	PARTNER PROGRA	MS	900099	340,000	340,000		
c d	SURVEYS & NAT'L I	FORUM	900099	282,800	282,800		
e u							
f	All other progra	ım service revenue					
	Total. Add lines	- 7a-7f		1,975,385			
3		s 2a-2f ome (including dividen					
4	and other simila	ar amounts) tment of tax-exempt bond	🟲	2,924			2,924
5	Royalties		proceeds				
	,	(ı) Real	(II) Personal				
6a	Gross rents	28,400					
b	Less rental expenses	0					
С	Rental income or (loss)	28,400					
d	Net rental incor	me or (loss)		28,400			28,400
-	Gross amount	(ı) Securities	(II) Other				
7a	from sales of assets other than inventory						
ь	Less cost or other basis and						
	sales expenses						
c d	Gain or (loss)	s)					
8a	Gross income f	rom fundraising					
	s	,270					
	of contributions See Part IV, lin	reported on line 1c) e 18					
		a	58,200				
Ь		penses b		142 401			142 401
c 9a		loss) from fundraising rom gaming activities	events 🛌	-142,401			-142,401
	See Part IV, lin						
		penses b					
		loss) from gaming acti	vities				
100	Gross sales of returns and allo						
ь	Less cost of a	oods sold b					
		loss) from sales of inv	entory 🛌				
	Miscellaneous	Revenue	Business Code				
11a	OTHER INCOM	1E	900099	1,000			1,000
b							
C	All other reserve						
d e	Total. Add lines	ue s 11a-11d	🕨				
12			_	1,000			
**	rocar revenue.	See Instructions .	· · · · •	3,371,106	1,975,385	C	-110,077

	990 (2014) LIX Statement of Functional Expenses				Page 10
	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All	other organizati	ons must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 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	17,000	17,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	901,270	594,838	153,216	153,216
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	939,012	604,240	163,317	171,455
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	115,580	75,127	19,648	20,805
9	Other employee benefits	104,177	57,487	27,938	18,75
	Payroll taxes	113,720	73,918	19,332	20,47
	Fees for services (non-employees)				
a	Management				
b	Legal	14,191	11,636	710	1,84
С	Accounting	50,963	41,790	2,548	6,62
d	Lobbying	20,092	20,092		
е	Professional fundraising services See Part IV, line 17				
F	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	38,868	37,553	1,019	296
	Advertising and promotion	35,186	35,158		2
	Office expenses	97,091	83,510	4,290	9,29
	Information technology	78,180	68,748	2,620	6,81
	Royalties				
	Occupancy	269,374	220,913	13,461	35,00
,	Travel	51,422	39,023	3	12,39
3	Payments of travel or entertainment expenses for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	124,701	122,218	1,446	1,03
1	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	35,959	29,486	1,798	4,67
}	Insurance	5,816	5,074	206	530
ŀ	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DUES & SUBSCRIPTIONS	41,388	32,656	3,084	5,648
b					
c					
d					
e	All other expenses		<u> </u>		

3,053,990

2,170,467

Total functional expenses. Add lines 1 through 24e

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 ► following SOP 98-2 (ASC 958-720)

25

26

468,887

414,636

Part X Balance Sheet

Pai	τx	Check if Schedule O contains a response or note to any line in the	ıs Part	: x		•	
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		•	31	1	31
	2	Savings and temporary cash investments		•	1,440,411	2	1,607,848
	3	Pledges and grants receivable, net			593,513	3	645,600
	4	Accounts receivable, net			5	4	15,215
	5	Loans and other receivables from current and former officers, disemployees, and highest compensated employees Complete Par Schedule L	t II of			5	
Assets	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ting employers		6		
82	7	Notes and loans receivable, net				7	
4	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			20,937		31,097
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	751,101	,		3,,00
	Ь	Less accumulated depreciation	10b	592,646	93,021	10c	158,455
	11	Investments—publicly traded securities			·	11	
	12	Investments—other securities See Part IV, line 11			5,235	12	
	13	Investments—program-related See Part IV, line 11	·	13			
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11	182,116	15	219,492		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,335,269		2,677,738
	17	Accounts payable and accrued expenses			195,578		216,725
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Scheo				21	
lities	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi	rs, trus				
Liabiliti		persons Complete Part II of Schedule L				22	
ä	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 relate and other liabilities not included on lines 17-24) Complete Part	ed third	l parties,			
		D			275,926	25	280,132
	26	Total liabilities. Add lines 17 through 25			471,504	26	496,857
ces		Organizations that follow SFAS 117 (ASC 958), check here ► □ lines 27 through 29, and lines 33 and 34.	and c	omplete			
<u>an</u>	27	Unrestricted net assets			942,914	27	1,050,993
<u>е</u>	28	Temporarily restricted net assets		•	920,851	28	1,129,888
됟	29	Permanently restricted net assets				29	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	re ► 「	and			
٥	30	Capital stock or trust principal, or current funds	_			30	
g	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fu		•		32	
	33	Total net assets or fund balances		_	1,863,765	33	2,180,881
Net	34	Total liabilities and net assets/fund balances			2,335,269	34	2,677,738
	J-4	rotal habilities and het assets/fully paidlices	• •	•	2,335,269	54	2,077,738

Pai	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,:	371,106
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,0	053,990
3	Revenue less expenses Subtract line 2 from line 1	3			317,116
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			363,765
5	Net unrealized gains (losses) on investments	5		,	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2,:	180,881
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed o	n		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	ne 2с	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	n			
За	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?	е	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Additional Data

Software ID:

Software Version:

EIN: 52-1609875

Name: RESEARCHAMERICA

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	94,036	including grants of \$) (Revenue \$	92,500)
OTHER PROGRAMS					

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

(A) (B) (C) (D)

Compensated Employees, and Inde		ntracto 						l	1	l I
(A) Name and Title	(B) Average hours per week (list any hours	Posit more th persoi and a	ion (d nan o n is b	ne bo	ox, u an of	ınless fficer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related	25	Ι_	Ω	줐	雪王	Ţ	2/1099-MISC)	2/1099-MISC)	organization and
	organizations below	Individual trustee or director	Institutional	Officei	Ke, emplojee	룺퇴	Former			related organizations
	dotted line)	뚫다	[<u>""</u>	ğμ	19 % 19 %	₫			0.942400
		²	<u>ĕ</u>		φý	l® §				
		SE	₫		Φ.	ž				
		į ži	Trustee			Highest compensat				
			٣			8				
(1) HON JOHN EDWARD PORTER	4 00	х		х				0	0	0
CHAIR		^		^				0	0	0
(1) HON MICHAEL CASTLE	2 00	l x		x				0	0	0
VICE CHAIR				^				Ů	Ŭ	
(2) LUCINDA MAINE PHD RPH	2 00	l x		x				0	0	0
TREASURER										
(3) LARRY J SHAPIRO MD	2 00	x		х				0	0	0
SECRETARY (4) TENLEY E ALBRIGHT MD	1 00									
(-)		x						0	0	0
DIRECTOR (5) HORTENSIA AMARO PHD	1 00									
		×						0	0	0
DIRECTOR (6) GEORGES C BENJAMIN MD	1 00									
DIRECTOR		×						0	0	0
(7) NANCY BROWN	1 00									
DIRECTOR		X						0	0	0
(8) SUSAN DENTZER	1 00									
DIRECTOR		X						0	0	0
(9) VICTOR J DZAU MD	1 00							_	_	
DIRECTOR		X						0	0	0
(10) JOSEPH FECZKO MD	1 00	V						0	0	0
DIRECTOR		Х						0	U	0
(11) JAY A GERSHEN DDS PHD	1 00	X						0	0	0
DIRECTOR		_ ^						Ů	Ů	
(12) WILLIAM N HAIT MD PHD	1 00	l x						0	0	0
DIRECTOR								-		
(13) LARRY HAUSNER MBA	1 00	×						0	0	0
DIRECTOR (14) MARY IC HENDRIY BUD	2.00									
(14) MARY JC HENDRIX PHD	2 00	×						0	0	0
DIRECTOR (15) MARTHA N HILL PHD RN	2 00									
		×						0	0	0
DIRECTOR (16) HARRY JOHNS	1 00									
DIRECTOR		×						0	0	0
(17) EVAN JONES	1 00									
DIRECTOR		X						0	0	0
(18) ELIZABETH BAKER KEFFER	1 00									
DIRECTOR		X						0	0	0
(19) HON PATRICK KENNEDY	1 00	.,								
DIRECTOR		X						0	0	0
(20) DEBRA R LAPPIN JD	1 00	V						0	0	0
DIRECTOR		Х						0	U	
(21) ALAN I LESHNER PHD	1 00	X						0	0	0
DIRECTOR		<u> </u>						<u> </u>	<u> </u>	
(22) JAMES MADARA MD	1 00	X						0	0	0
DIRECTOR								_		
(23) MARK MCCLELLAN MD PHD	1 00	X						0	0	0
DIRECTOR (24) HON KWEISI MFUME	1 00						\vdash			
		х						0	0	0
DIRECTOR										

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

Compensated Employees, and Inde				i i u:	SIE	C5, F	.ey			
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	Posit more the perso and a	nan (d nan ol n is b i dired	ne bo oth a ctor/	ox, u an of trus	inless fficer tee)	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee)el	Key employee	Highest compensated employee	ner			organizations
(26) HERBERT PARDES MD	1 00	x						0	0	0
DIRECTOR								,	, and the second	
(1) SUDIP S PARIKH PHDDIRECTOR	1 00	х						0	0	0
(2) E ALBERT REECE MD PHD MBA	1 00									
DIRECTOR		X						0	0	0
(3) AMY COMSTOCK RICK JD	1 00							_	_	_
DIRECTOR		X						0	0	0
(4) JOHN R SEFFRIN PHD DIRECTOR	1 00	х						0	0	0
(5) LAING ROGERS SISTO	1 00									
DIRECTOR		Х						0	0	0
(6) GREGORY SORENSEN MD	1 00	X						0	0	0
DIRECTOR						-				
(7) JACK T WATTERS MDDIRECTOR	1 00	x						0	0	0
(8) KEITH YAMAMOTO PHD	1 00	х						0	0	0
DIRECTOR (9) ELIAS ZERHOUNI MD	1 00	-								
DIRECTOR		х						0	0	О
(10) MARY WOOLLEY	50 00	V		х				462.106	0	42.003
PRESIDENT & CEO		Х		^				462,106	0	42,903
(11) MICHAEL COBURN	45 00			Х				169,228	0	19,935
CHIEF OPERATING OFFICER (12) ELEANOR DEHONEY	45 00									
VP - POLICY & ADVOCACY						Х		199,549	0	20,452
(13) SUZANNE FFOLKES	45 00					×		159,960	0	18,528
VP - COMMUNICATIONS (14) CAROL KENNEDY	45 00									
VP - DEVELOPMENT & MEMBERSHIP						X		107,364	0	29,328

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493181005075

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

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

Open to Public Inspection

Employer identification number Name of the organization RESEARCHAMERICA 52-1609875 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (vi) A mount of (iii) Type of (v) A mount of listed in your governing other support (see organization organization monetary support (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

Sch	edule A (Form 990 or 990-EZ) 2014						Page 2
Pa	Support Schedule for (Complete only if you c	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation failed	to qualify under
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	ipiete Part I	11.)
	endar year (or fiscal year beginning	(-) 2010	(1) 2011	(-) 2012	(4) 2012	(-) 201	(6) T. t. l
	in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
3	behalf The value of services or facilities						
,	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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						
S	ection B. Total Support	1	l			1	
	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	in) ►	(a) 2010	(0) 2011	(6) 2012	(d) 2013	(e) 2014	(I) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar						
	sources						
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						
12	Gross receipts from related activities	es, etc (see inst	ructions)		•	12	<u> </u>
13	First five years. If the Form 990 is f	or the organizati	on's first, second	l, thırd, fourth, or	fifth tax year as a	section 501	(c)(3)
	organization, check this box and sto					<u> </u>	<u> </u>
	ection C. Computation of Pub			4.4 1 (5)		 	
14	Public support percentage for 2014	· ·		11, column (f))		14	
15	Public support percentage for 2013	•	•			15	
16a	33 1/3% support test—2014. If the				line 14 is 33 1/3%	∕o or more, ch	
h	and stop here. The organization qua 33 1/3% support test—2013. If the				and line 15 is 3	3 1/3% or mo	re check this
	box and stop here. The organization				, and fine 13 is 3.	3 1/3/0 01 1110	re, check this ▶□
17a	10%-facts-and-circumstances test-	-2014. If the org	anızatıon dıd not	check a box on li			,
	is 10% or more, and if the organizat						
	in Part VI how the organization mee	ts the "facts-and	d-circumstances'	test The organi	zation qualifies as	s a publicly s	
h	organization 10%-facts-and-circumstances test-	-2013. If the ora	anization did not	check a hov on li	ne 13 16a 16b	or 17a and b	▶ ┌
	15 is 10% or more, and if the organ						
	Explain in Part VI how the organizat						ublicly
	supported organization				471		▶ ┌
18	Private foundation. If the organizations	on ala not check	cabox on line 13	, 16a, 16b, 1/a,	or 1 / b, check this	s pox and see	• ▶ □

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.)

	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,559,964	3,115,225	3,100,661	2,752,942	2,	,858,383	14,387,175
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	667,052	524,021	686,155	598,552		681,000	3,156,780
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	3,227,016	3,639,246	3,786,816	3,351,494	3,	539,383	17,543,955
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	62,955	71,906	71,508	219,947		88,850	515,166
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	176,640	176,640 149,264 138,436		16,440	432,835		913,615
c	Add lines 7a and 7b	239,595	221,170	209,944	236,387		521,685	1,428,781
8	Public support (Subtract line 7c from line 6)							16,115,174
	ction B. Total Support							
Cale	ndar year (or fiscal year beginning						I	
		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(f) Total
	in) ►							
9	in) ► A mounts from line 6	(a) 2010 3,227,016	(b) 2011 3,639,246	(c) 2012 3,786,816	(d) 2013 3,351,494		539,383	(f) Total 17,543,955
9	in) ►							
	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	3,227,016 5,725	3,639,246 4,106	3,786,816 2,258	3,351,494 4,516		2,924	17,543,955 19,529
9 l.Oa b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	3,227,016	3,639,246	3,786,816	3,351,494		539,383	17,543,955
9 L0a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,227,016 5,725	3,639,246 4,106	3,786,816 2,258	3,351,494 4,516		2,924	17,543,955 19,529
9 l.0a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	3,227,016 5,725	3,639,246 4,106	3,786,816 2,258	3,351,494 4,516		2,924	17,543,955 19,529 19,529
9 l.0a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c,	3,227,016 5,725	3,639,246 4,106	3,786,816 2,258	3,351,494 4,516 4,516	3,	2,924	17,543,955 19,529
9 .0a b c 111	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f	3,227,016 5,725 5,725 3,232,741	3,639,246 4,106 4,106	3,786,816 2,258 2,258 3,789,074	3,351,494 4,516 4,516 5,402 3,361,412	3,	2,924 2,924 1,000 543,307	17,543,955 19,529 19,529 6,402 17,569,886) organization,
9 .0a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here	3,227,016 5,725 5,725 3,232,741 For the organization	3,639,246 4,106 4,106 3,643,352 on's first, second,	3,786,816 2,258 2,258 3,789,074	3,351,494 4,516 4,516 5,402 3,361,412	3,	2,924 2,924 1,000 543,307	17,543,955 19,529 19,529 6,402 17,569,886
9 l.0a b c 111 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f	3,227,016 5,725 5,725 3,232,741 For the organization	3,639,246 4,106 4,106 3,643,352 on's first, second,	3,786,816 2,258 2,258 3,789,074 third, fourth, or fi	3,351,494 4,516 4,516 5,402 3,361,412	3,	2,924 2,924 1,000 543,307	17,543,955 19,529 19,529 6,402 17,569,886) organization,
9 .0a b c 111 12 13 14 See 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here	3,227,016 5,725 5,725 3,232,741 For the organization (lic Support Performance)	3,639,246 4,106 4,106 3,643,352 on's first, second,	3,786,816 2,258 2,258 3,789,074 third, fourth, or fi	3,351,494 4,516 4,516 5,402 3,361,412	3,	2,924 2,924 1,000 543,307	17,543,955 19,529 19,529 6,402 17,569,886) organization,
9 .0a b c 111 12 13 14 See 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the check this box and stop here ection C. Computation of Puble Public support percentage for 2014	3,227,016 5,725 5,725 3,232,741 For the organization (inc 8, column (inc 8, c	3,639,246 4,106 4,106 4,106 3,643,352 on's first, second, ercentage f) divided by line art III, line 15	3,786,816 2,258 2,258 2,258 3,789,074 third, fourth, or fill 13, column (f))	3,351,494 4,516 4,516 5,402 3,361,412	3, section !	2,924 2,924 1,000 543,307	17,543,955 19,529 19,529 6,402 17,569,886) organization,
9 .0a b c 11 12 13 14 See 15 16 See	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ection C. Computation of Puble Public support percentage from 201	3,227,016 5,725 5,725 3,232,741 For the organization of the organization of the organization of the second of the column (3 Schedule A, Palestment Incompared to the column of the c	3,639,246 4,106 4,106 3,643,352 on's first, second, ercentage f) divided by line ert III, line 15 me Percentage	3,786,816 2,258 2,258 3,789,074 third, fourth, or fill 13, column (f))	3,351,494 4,516 4,516 5,402 3,361,412 fth tax year as a	3, section !	2,924 2,924 1,000 543,307	17,543,955 19,529 19,529 6,402 17,569,886) organization,
9 L0a b c 111 12 13 14 See 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the sale of the computation of Public support percentage for 2014 Public support percentage from 201 ection D. Computation of Inventorial	3,227,016 5,725 5,725 5,725 for the organization (inc Support Performance of the column (inc Support Incomposite of the column (inc Support Inc	3,639,246 4,106 4,106 3,643,352 on's first, second, ercentage f) divided by line art III, line 15 me Percentage foliumn (f) divided by	3,786,816 2,258 2,258 3,789,074 third, fourth, or fill 13, column (f)) Je Dy line 13, column	3,351,494 4,516 4,516 5,402 3,361,412 fth tax year as a	3, section ! 15 16	2,924 2,924 1,000 543,307	17,543,955 19,529 19,529 6,402 17,569,886) organization, 91 720 % 94 350 %

b 33 1/3% support tests—2013. 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 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 on line 11 of 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

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b		
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 $(2)^7$ 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
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))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection 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? 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.	1		
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? 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.	2		
S	ection 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)? 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).	1		
S	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection 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 The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	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? 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.	2a		
	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? 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.	2b		
3				
	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.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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
ype	[]	II 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)	1		
а	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

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

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year			
1 Amounts paid to supported organizations to accomplish exempt purposes				
2 A mounts paid to perform activity that directly furthexcess of income from activity				
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons		
4 Amounts paid to acquire exempt-use assets				
5 Qualified set-aside amounts (prior IRS approval rec	nured)			
6 Other distributions (describe in Part VI) See instru	JCTIONS			
7 Total annual distributions. Add lines 1 through 6				
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide		
9 Distributable amount for 2014 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-2014	(iii) Distributable Amount for 2014	
1 Distributable amount for 2014 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)				
3 Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)				
j Remainder Subtract lines 3g, 3h, and 3i from 3f				
4 Distributions for 2014 from Section D, line 7 \$				
A pplied to underdistributions of prior years				
b Applied to 2014 distributable amount				
c Remainder Subtract lines 4a and 4b from 4				
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)				
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)				
7 Excess distributions carryover to 2015. Add lines 3j and 4c				
8 Breakdown of line 7				
a From 2010				
b From 2011				
c From 2012				
d From 2013				

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).

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493181005075

OMB No 1545-0047

Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

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

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

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

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization RESEARCHAMERICA Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Cat No 50084S

Schedule C (Form 990 or 990-EZ) 2014

section 4911 tax for this year?

┌ Yes ┌ No

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- Check ▶ 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B Check ► If the filing organization checked box A and "limited control" provisions apply

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		12,082	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		17,275		
c	: Total lobbying expenditures (add lines 1a and 1b)		29,357		
d	Other exempt purpose expenditures		3,024,633		
e	Total exempt purpose expenditures (add lines 1c and 1d)		3,053,990		
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both		302,700	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)		75,675	
h	Subtract line 1g from line 1a If zero or less, ento	er -0-		0	
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		0	
j	If there is an amount other than zero on either lir	ne 1h or line 1i, did the organization file Form 47	720 rep	porting	

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) Total beginning in) 329,911 329,519 305,012 302,700 Lobbying nontaxable amount 1,267,142 Lobbying ceiling amount 1,900,713 (150% of line 2a, column(e)) 94,532 29,357 Total lobbying expenditures 91,153 55,277 270,319 Grassroots nontaxable amount 82,478 82,380 76,253 75,675 316,786 Grassroots ceiling amount 475,179 (150% of line 2d, column (e)) 17,137 12,082 7,634 13,520 50,373 Grassroots lobbying expenditures

(b) Amount	No
Amount	No
-	
-	
or section)(5), o
Yes	
1	
2	
3	
or section	
Part III-	R (b)
[-A, lines 1 a	Part II
I	Part I

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

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493181005075

OMB No 1545-0047

Open to Public

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

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

Inspection

ESEARCHAMERICA		Employer Identil Ication number
		52-1609875
organizations Maintaining Dono organization answered "Yes" to Forn		r Funds or Accounts. Complete if th
organization answered res to rom	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	(1)	(2)
Aggregate value of contributions to (during year))	
Aggregate value of grants from (during year)		
Aggregate value at end of year		
,		
Did the organization inform all donors and donor funds are the organization's property, subject to	the organization's exclusive legal control?	Yes No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?		
rt II Conservation Easements. Compl	ete if the organization answered "Yes	s" to Form 990. Part IV. line 7.
Purpose(s) of conservation easements held by t		, to roini 220, rait 27, iiio 71
Preservation of land for public use (e.g., recru	<u> </u>	f an historically important land area
Protection of natural habitat	•	f a certified historic structure
Preservation of open space		
Complete lines 2a through 2d if the organization	held a qualified concervation contribution	in the form of a conservation
easement on the last day of the tax year	mela a qualified conservation contribution	in the form of a conservation
		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easem	ents	2b
Number of conservation easements on a certified	d historic structure included in (a)	2c
Number of conservation easements included in (historic structure listed in the National Register		2d
Number of conservation easements modified, tra		nated by the organization during
the tax year 🛌		g
Number of states where property subject to cons	servation easement is located b	
Does the organization have a written policy rega		nandling of violations, and
enforcement of the conservation easements it has		☐ Yes ☐ No
Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation ea	sements during the year
<u> </u>		
A mount of expenses incurred in monitoring, insp	pecting, and enforcing conservation easem	ents during the year
▶ \$		
Does each conservation easement reported on l	ine 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)?	· ,,,	Yes No
In Part XIII, describe how the organization repo	rts conservation easements in its revenue	and expense statement, and
balance sheet, and include, if applicable, the tex		cıal statements that describes
the organization's accounting for conservation ex rt III Organizations Maintaining Collection		a au Othau Similau Accata
	red "Yes" to Form 990, Part IV, line 8.	
If the organization elected, as permitted under S	· · · · · · · · · · · · · · · · · · ·	
works of art, historical treasures, or other simila	r assets held for public exhibition, education	on, or research in furtherance of public
service, provide, in Part XIII, the text of the foot		
If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating to	r assets held for public exhibition, education	
(i) Revenue included in Form 990, Part VIII, lin	e 1	► \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of art, following amounts required to be reported under		
Revenue included in Form 990, Part VIII, line 1		► \$
Accete included in Form 990 Part V		

	Organizations Maintaining Co	nections of Art,	пізсоп	cai ir	easu	ies, oi o	mer	Sillillai AS	sets (continuea)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, check	any of t	he follo	owing that a	re a	sıgnıfıcant use	of its	
а	Public exhibition		d $ egin{array}{c c c c c c c c c c c c c c c c c c c $	Loan	or exch	nange progr	ams			
b	Scholarly research		е Г	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	y furthe	r the o	rganızatıon	's ex	empt purpose ıı	n	
5	During the year, did the organization solicit									–
Dor	assets to be sold to raise funds rather than to the training to the training to the training assets to be sold to raise funds rather than to the training to the training assets to be sold to raise funds rather than to the training training to the training							<u>'</u>	Yes	No
Pall	Part IV, line 9, or reported an ar					i aliswele	a it	es to rolling	90,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					r other ass	ets n		_ Yes	
b	If "Yes," explain the arrangement in Part XI	II and complete the f	following	able		_				
						-		Am	ount	
c	Beginning balance						1c			
d	Additions during the year					-	1d			
e	Distributions during the year					-	1e			
f	Ending balance					L	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow o	rcusto	dıal accou	nt lia	bility? [Yes	□ No
_ь	If "Yes," explain the arrangement in Part XI									<u> </u>
Pai	rt V Endowment Funds. Complete	If the organization (a)Current year	answer (b)Prior				_		(a)Eour	years back
1a	Beginning of year balance	399,472	(D)PIIOI	419,476	D (C)IW	459,493		500,000	(e)roui	500,000
ь	Contributions	,				·		,		
c	Net investment earnings, gains, and losses									
a	Grants or scholarships									
d e	Other expenditures for facilities							+		
•	and programs			20,004		40,017		40,507		
f	Administrative expenses									
g	End of year balance	399,472		399,472		419,476		459,493		500,000
2	Provide the estimated percentage of the cur	rent year end balance	e (lıne 1g	, colum	n (a)) h	eld as				
а	Board designated or quasi-endowment 🕨									
a b	Board designated or quasi-endowment ► Permanent endowment ►									
_	•									
b	Permanent endowment ►	uld equal 100%								
b	Permanent endowment > Temporarily restricted endowment > The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		tion that	are helo	l and a	dmınıstere	l for t	the	. Va.	- LNG
b c	Permanent endowment F Temporarily restricted endowment F The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by		tion that	are helc	l and a	dministered	i for t		Yes	_
b c	Permanent endowment > Temporarily restricted endowment > The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	ssion of the organiza	tion that	are helc	l and a	dmınıstered	l for t	the 3a(i 3a(i	i)	No No
b c 3a	Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organization	on Sche	 Jule R?			1 for 1	3a(i) ii)	No
ь с За ь	Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organizar	on Scheo	 Jule R? unds				3a(i	i) ii)	No No
ь с За ь	Permanent endowment F Temporarily restricted endowment F The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organization	on Scheo	 Jule R? unds				3a(i	i) ii)	No No
b с За b	Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organization	on Scheolowment for organ	 Jule R? unds	answ		· · · · · · · · · · · · · · · · · · ·	3a(i	rt IV,	No No
b c 3a b 4 Par	Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho. Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organization	on Scheolowment for organ	dule R? unds nization	answ	ered 'Yes	· · · · · · · · · · · · · · · · · · ·	3a(i 3b Form 990, Pa	rt IV,	No No line
b c 3a b 4 Par	Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the tyle Land, Buildings, and Equipmentals. See Form 990, Part X, line	ssion of the organization of the organization of the organization's endeant. Complete if the	on Scheolowment for organ	dule R? unds nization	answ	ered 'Yes	· · · · · · · · · · · · · · · · · · ·	3a(i 3b Form 990, Pa	rt IV,	No No line
b c 3a b 4 Par	Permanent endowment F Temporarily restricted endowment F The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organization of the organization of the organization's endeant. Complete if the	on Scheolowment for organ	dule R? unds nization	answ	vered 'Yes (b)Cost or	· · · · · · · · · · · · · · · · · · ·	3a(i 3b Form 990, Pa	rt IV,	No No line
b c 3a b 4 Par	Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organization of the organization of the organization's endeant. Complete if the	on Scheolowment for organ	dule R? unds nization	answ	vered 'Yes (b)Cost or	to other	3a(i 3b Form 990, Pa (c) Accumulated depreciation	rt IV,	No No line Book value
b c d d d d	Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organization of the organization of the organization's endeant. Complete if the	on Scheolowment for organ	dule R? unds nization	answ	vered 'Yes (b)Cost or or basis (oth	to other	3a(i 3b Form 990, Pa (c) Accumulated depreciation	rt IV, (d)	No No line Book value

Part VII Investments—Other Securities. Co See Form 990, Part X, line 12.	omplete if the organization	n answered 'Yes' to For	rm 990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of v Cost or end-of-year	
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u>*</u>		
Part VIII Investments—Program Related.	Complete if the organization	on answered 'Yes' to Fo	orm 990, Part IV, line 11c
See Form 990, Part X, line 13.	425	() () () ()	
(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
		- Cost of the of year	market large
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. Complete if the organization		00, Part IV, line 11d See	
(a) Desc	ription		(b) Book value
(1) SECURITY DEPOSITS			21,605
(2) DEFERRED COMPENSATION			197,887
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)	L	219,492
Part X Other Liabilities. Complete if the org		to Form 990 Dart IV	
Form 990, Part X, line 25.	gamzadon answered 165	to rolling 350, Fait IV,	110 OI 111. JCC
1 (a) Description of liability	(b) Book value		
Federal income taxes		1	
DEFERRED COMPENSATION LIABILITY	107007	†	
	197,887	7	
DEFERRED RENT	74,781	7	
REFUNDABLE ADVANCES	7,464	+	
		7	
		_	
		4	
		1	
		_	
		4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	de the text of the footnote to		

PART XII, LINE 2D - OTHER

ADJUSTMENTS

Part X		ue per Audited Financial State 'Yes' to Form 990, Part IV, line 1		nts With Revenue p	er Re	eturn Complete if
1 7		ort per audited financial statements			1	3,672,486
	A mounts included on line 1 but not o					· · ·
	Net unrealized gains (losses) on inv	·	2a			
	Donated services and use of facilitie		2b	100,779		
	Recoveries of prior year grants .		2c			
	·		2d			
					2e	100,779
3 9	Subtract line 2e from line 1 .				3	3,571,707
4	Amounts included on Form 990, Par	t VIII, line 12, but not on line 1				<u> </u>
	Investment expenses not included o		4a			
	Other (Describe in Part XIII)		4b	-200,601		
			٠		4c	-200,601
		his must equal Form 990, Part I, line			5	3,371,106
		ses per Audited Financial Sta			per	
		d 'Yes' to Form 990, Part IV, line				·
1 T	Γotal expenses and losses per audit	ed financial statements			1	3,355,370
	Amounts included on line 1 but not o	· ·				
a [Donated services and use of facilitie	s	2a	100,779		
b F	Prior year adjustments		2b			
c (Otherlosses		2c			
d (Other (Describe in Part XIII)		2d	200,601		
e /	Add lines 2a through 2d				2e	301,380
3 9	Subtract line 2e from line 1				3	3,053,990
4 /	Amounts included on Form 990, Par	IX, line 25, but not on line 1:				
a I	investment expenses not included o	n Form 990, Part VIII, line 7b	4a			
b (Other (Describe in Part XIII)		4b			
c A	Add lines 4a and 4b				4 c	0
		(This must equal Form 990, Part I, lir	e 18)		5	3,053,990
Provide		I, lines 3, 5, and 9, Part III, lines 1a				
Part V , informa		2d and 4b, and Part XII, lines 2d and	4b Al	so complete this part to	provid	e any additional
	Return Reference	Explanation				
PART V,		BOARD OF DIRECTORS HAS DESIG E DETERMINED AT A LATER TIME				
PART X,		ORGANIZATION IS EXEMPT FROM				
		TION 501(C)(3) OF THE INTERNAL LIFIES FOR CHARITABLE CONTRIE				
	AN C	RGANIZATION THAT IS NOT A PR	IVATE	FOUNDATION BUSIN	ESS I	NCOME WHICH IS
		RELATED TO EXEMPT PURPOSES, RAL AND STATE CORPORATE INC				
		UNRELATED BUSINESS INCOME F				
		ANIZATION COMPLIES WITH THE				
		ERTAINTY IN INCOME TAXES, WHI BENEFITS CLAIMED OR EXPECTED				
	REC	ORDED IN THE FINANCIAL STATEM	1ENTS	UNDER THIS GUIDAN	CE, TI	HE ORGANIZATION
		RECOGNIZE THE TAX BENEFIT FREELIKELY THAN NOT THAT THE TA				
		AXING AUTHORITIES BASED ON T				
	l l	FITS RECOGNIZED IN THE FINAN				
		SURED BASED ON THE LARGEST B EING REALIZED UPON ULTIMATE :				
	UNC	ERTAINTY IN INCOME TAXES ALS	DADD	RESSES DE-RECOGNIT	TION,	CLASSIFICATION,
		REST AND PENALTIES ON INCOM AGEMENT EVALUATED THE ORGA				
		ORGANIZATION HAD TAKEN NO U				
		STMENTS TO THE FINANCIAL STA				
		GUIDANCE GENERALLY, THE ORG MINATIONS BY THE US FEDERAL,				
	BEFO	RE 2011				
PART XI ADJUST		CIAL EVENTS EXPENSES REPORTE	OONL	INE 8B -200,601		

SPECIAL EVENTS EXPENSES REPORTED ON LINE 8B 200,601

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493181005075

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

SCHEDULE G

Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Supplemental Information Regarding

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

Open to Public Inspection

ESEARCHAMERICA					' '	
					52-1609875	
art I Fundraising Acti filers are not requi			ganızatıo	on answered "Yes" to	Form 990, Part IV,	line 17. Form 990-EZ
Indicate whether the orgai	nızatıon raısed funds	through a	ny of the 1	following activities Che	eck all that apply	
Mail solicitations			е	Solicitation of nor	n-government grants	
b Internet and email sol	ıcıtatıons		f	Solicitation of gov	ernment grants	
c Phone solicitations			g	Special fundraisin	g events	
d	s					
a Did the organization have or key employees listed in						Г _{Yes} Г _{No}
b If "Yes," list the ten highe to be compensated at leas			fundraise	rs) pursuant to agreem	ents under which the fu	ndraiser is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
0						
otal			.			
List all states in which the registration or licensing	organization is regis	tered or lı	censed to	solicit contributions o	r has been notified it is	exempt from

Sche	dule	G (Form 990 or 990-EZ) 2014				Page 2
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut			
			(a) Event #1 ADVOCACY	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			AWARDS DINNER (event type)	(event type)	(total number)	COT (C)
E	1	Gross receipts	807,470			807,470
Revenue	2	Less Contributions	749,270			749,270
<u>~</u>	3	Gross income (line 1 minus line 2)	58,200)		58,200
	4	Cash prizes				
မွာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	15,000			15,000
	7	Food and beverages .				
Direct	8	Entertainment				
Δ	9	Other direct expenses .	185,601	L		185,601
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n(d)		(200,601)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)		-142,401
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lii	rganization answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>₹</u>	1	Gross revenue				
<u>s</u> es	2	Cash prizes				
pe.	3	Non-cash prizes				
Direct Expenses	4	Rent/facility costs				
<u> </u>	5	Other direct expenses				
	6	Volunteer labor	Г Yes% Г No	Г Yes%_ Г No		
	7	Direct expense summary Add line	s 2 through 5 in column ((d)		
	8	Net gaming income summary Subt	ract line 7 from line 1, co	olumn (d)		
9	Ente	er the state(s) in which the organiza	ation conducts gaming ac	tivities		
а		the organization licensed to conduct				Г _{Yes} Г _{No}
b	If"I	No," explain				
		re any of the organization's gaming				· · 「Yes 「No
b	11)	Yes," explain				

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3				
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity						
	formed to administer charitable gaming	J ²		Г _{Yes} Г	— No				
13	Indicate the percentage of gaming acti		1 1	, , , ,					
а	The organization's facility		13a		%				
b	An outside facility				%				
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records						
	Name ▶								
	Address ►								
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming						
154				┌ Yes 「	– _{No}				
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the						
С	If "Yes," enter name and address of the	e third party							
	Name ►								
	Address 🏲								
16	Gaming manager information								
	Name 🟲								
	Gaming manager compensation 🕨 \$		······						
	Description of services provided								
	Director/officer	_ Employee	☐ Independent contractor						
17	Mandatory distributions								
а	Is the organization required under state	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?								
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent						
	ın the organization's own exempt activi		·						
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr						
	Return Reference		Explanation						

| Schedule I (Form 990) | Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047

2014

DLN: 93493181005075

Open to Public Inspection

Complete if the organization answered "Yes," to 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.

Internal Revenue Service
Name of the organization
RESEARCHAMERICA

Department of the Treasury

Employer identification number 52-1609875

General Information on Grants and Assistance	
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	√ Yes
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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount 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) CAMPAIGN FOR PUBLIC HEALTH FOUNDATION 900 2ND STREET NE STE 118 WASHINGTON, DC 20003	26-4251385	501(C)(3)	10,000				CONTRIBUTION

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	

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental I	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					
Return Reference Explanation						
PART I, LINE 2	RESEARCH AMERICA COLLABORATES WITH THE CAMPAIGN FOR PUBLIC HEALTH AND RECEIVES PERIODIC UPDATES AND FINANCIAL REPORTS					

Schedule I (Form 990) 2014

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DLN: 93493181005075

OMB No 1545-0047

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization RESEARCHAMERICA

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

52-1609875

Pai	rt 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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	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 of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations 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			
	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	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), 501(c)(4), and 501(c)(29) organizations 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			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	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			
а	The organization?	6a		No
b	Any related organization?	6b		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	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

For each individual whose compensation must be reported 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990	
1 MARY WOOLLEY, PRESIDENT & CEO	(i) (ii)	402,382 0	58,200 0	1,524 0	35,700 0	15,546 0	513,352 0	0	
2 MICHAEL COBURN, CHIEF OPERATING OFFICER	(i) (ii)	160,949 0	7,800 0	479 0	12,061	8,705 0	189,994 0	0	
3 ELEANOR DEHONEY, VP - POLICY & ADVOCACY	(i) (ii)	189,886 0	9,370	293 0	14,032	7,251 0	220,832	0	
4 SUZANNE FFOLKES, VP - COMMUNICATIONS	(i) (ii)	152,184 0	7,500 0	276 0	11,313 0	8,046 0	179,319 0	0	

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
	THE COMPENSATION COMMITTEE ESTABLISHES PERFORMANCE METRICS FOR THE CEO AT THE START OF THE YEAR WITH LEVELS OF ACHIEVEMENT DETERMINE (MEETS, EXCEEDS AND STRETCH GOALS) FOLLOWING THE CLOSE OF THE YEAR, THE COMMITTEE REVIEWS RESULTS WITH PERFORMANCE METRICS TO DETERMINE OVERALL LEVEL OF PERFORMANCE THE COMMITTEE ENGAGES A COMPENSATION CONSULTANT TO REVIEW A MARKET COMPARISON FOR TOTAL COMPENSATION THE BONUS FOR THE CEO IS CALCULATED TO PLUS UP TOTAL COMPENSATION TO THE LEVEL THE COMMITTEE DETERMINES SO THAT THE TOTAL OF BASE SALARY PLUS BONUS EQUALS THE AGREED UPON LEVEL OF COMPENSATION

Schedule J (Form 990) 2014

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DLN: 93493181005075

OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

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

► Attach to Form 990.

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

Noncash Contributions

Open to Public Inspection

Name of the organization RESEARCHAMERICA

Employer identification number

				54	2-16098/5			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of a noncash contri		_	nts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other►(EFORAWARDS)	Х	1	17,520	FMV			
	Other►(ICE FURNITURE)	. X	1	10,975	FMV			
27	O ther ▶()							
28	Other ► ()				<u> </u>			
29	Number of Forms 8283 received by the for which the organization completed $\mbox{\bf F}$				9			
_							Yes	No
30a	During the year, did the organization				-			
	ıt must hold for at least three years fr			, and which is not require	d to be used			
	for exempt purposes for the entire ho	ldıng period	?			30a		Νo
b	If "Yes," describe the arrangement in	Part II						
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions?	31		No
32a	Does the organization hire or use thir contributions?	•	related organizations to s	olicit, process, or sell no	ncash 	32a		No
b	If "Yes," describe in Part II							
	If the organization did not report an a	mount in co	lumn (c) for a type of prop	erty for which column (a)	ıs checked,			
	describe in Part II			, ,	·			

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

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

Return Reference Explanation

Schedule M (Form 990) (2014)

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493181005075

OMB No 1545-0047

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.

Inspection

Name of the organization RESEARCHAMERICA **Employer identification number** 52-1609875

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	EACH INSTITUTION MEMBER HAS ONE VOTE ON MATTERS SUBJECT TO A VOTE BY THE MEMBERSHIP INDIV IDUAL MEMBERS ARE ENTITLED, AS A CLASS, TO ELECT ONE DIRECTOR TO REPRESENT INDIVIDUAL MEMB ERS INTERESTS MEMBERS ELECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS MAY BE ASKED TO VOTE ON MATTERS OUTLINED IN THE BYLAWS (DISSOLUTION OR AMENDMENTS TO THE BYLAWS)
FORM 990, PART VI, SECTION B, LINE 11	UPON COMPLETION OF THE DRAFT IRS FORM 990, THE AUDIT COMMITTEE MEETS WITH THE TAX PARTNER OF THE FIRM PREPARING THE IRS FORM 990 UPON SATISFACTORY REVIEW OF THE DRAFT RETURN, THE AUDIT COMMITTEE REQUESTS A FINAL VERSION OF THE TAX RETURN, WHICH IS SENT TO EACH MEMBER O F THE BOARD OF DIRECTORS BY THE CHAIR OF THE AUDIT COMMITTEE. BOARD MEMBERS ARE NOTIFIED O F THE DATE THE FORM WILL BE TRANSMITTED TO THE INTERNAL REVENUE SERVICE
FORM 990, PART VI, SECTION B, LINE 12C	THE AUDIT COMMITTEE OF RESEARCHIAMERICA IS CHARGED WITH OVERSIGHT OF ADHERENCE TO THE CONF LICT OF INTEREST POLICY AND MONITORING ANNUALLY EACH MEMBER OF THE BOARD OF DIRECTORS AND EACH MEMBER OF STAFF IS REQUIRED TO REVIEW THE POLICY AND SIGN A DISCLOSURE STATEMENT TH E AUDIT COMMITTEE NOTIFIES THE BOARD OF DIRECTORS OF ANY POTENTIAL OR PERCEIVED CONFLICTS OF INTEREST INDIVIDUALS THAT HAVE DISCLOSED A POTENTIAL CONFLICT OF INTEREST ARE ASKED TO RECUSE THEMSELVES FROM DELIBERATION OR ACTIONS THAT MAY BE CONSTRUED AS A CONFLICT OF INT EREST
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD CHAIR APPOINTS A COMPENSATION COMMITTEE TO OVERSEE THE OVERALL COMPENSATION PROG RAM OF RESEARCH'AMERICA AT THE DIRECTION OF THE COMPENSATION COMMITTEE, A REVIEW OF CURRE NT MARKET DATA IS CONDUCTED AND IS USED TO REVIEW SALARY RANGES THAT HAVE PREVIOUSLY BEEN APPROVED FOR EACH POSITION IN THE ORGANIZATION, INCLUDING THE PRESIDENT & CEO ANY CHANGES IN SALARY RANGES WILL BE SUBMITTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL THE CHAIR OF THE BOARD AND OTHER OFFICERS ANNUALLY REVIEW THE PERFORMANCE OF THE PRESIDENT & CEO ANY CHANGE IN COMPENSATION FOR THE PRESIDENT & CEO IS DETERMINED BY THE COMPENSATION COMMITTEE UPON COMPLETION OF THE PERFORMANCE REVIEW AND SUBMITTED TO THE BOARD OF DIRECTOR S FOR REVIEW AND APPROVAL
FORM 990, PART VI, SECTION C, LINE 19	CODE OF ETHICS, CONFLICT OF INTEREST AND WHISTLEBLOWER POLICY AND FINANCIAL INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEB SITE, THESE AND OTHER GOVERNING DOCUMENTS ARE ALSO AV AILABLE UPON REQUEST