efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493133053929 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization RESEARCH AMERICA D Employer identification number B Check if applicable ☐ Address change 52-1609875 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O $\,$ box if mail is not delivered to street address) 241 18TH STREET SOUTH NO 501 ☐ Amended return □ Application pending (703) 739-2577 City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA $\,$ 22202 $\,$ G Gross receipts \$ 4,120,526 Name and address of principal officer H(a) Is this a group return for MARY WOOLLEY □Yes ☑No subordinates? 241 18TH STREET SOUTH NO 501 H(b) Are all subordinates ARLINGTON, VA 22202 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) ☐ 501(c)() **◄** (Insert no) ☐ 527 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW RESEARCHAMERICA ORG L Year of formation 1989 M State of legal domicile DC K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE RESEARCH AMERICA ALLIANCE ADVOCATES FOR SCIENCE, DISCOVERY, AND INNOVATION TO ACHIEVE BETTER HEALTH FOR ALL RESEARCH AMERICA ADVOCATES FOR FEDERAL FUNDING FOR SCIENCE AND HEALTH RESEARCH THAT KEEPS PACE WITH SCIENTIFIC OPPORTUNITY WE ADVOCATE FOR A LEGISLATIVE AND REGULATORY CLIMATE THAT STIMULATES GROWTH IN PRIVATE SECTOR Activities & Governance RESEARCH AND DEVELOPMENT Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 4 35 Number of independent voting members of the governing body (Part VI, line 1b) 5 28 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 6 50 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 7a ٥ b Net unrelated business taxable income from Form 990-T, line 34 7b 28,035 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,635,035 1,262,696 Ravenue 2,287,300 2,602,500 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 38.575 17,851 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -143,634 -153,675 3,796,552 3,750,096 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 31.735 n 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,507,379 2,556,276 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶605,510 1,179,879 1,146,468 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,687,258 3,734,479 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 109,294 15,617 Assets or d Balances End of Year Beginning of Current Year 20 Total assets (Part X, line 16) . 3,556,356 3,365,450 21 Total liabilities (Part X, line 26) 1,320,331 1,341,483 Net assets or fund balances Subtract line 21 from line 20 . 2,236,025 2,023,967 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-05-13 Signature of officer Date Sign Here MICHAEL COBURN EXECUTIVE VP & COO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P01332734 **Paid** self-employed Firm's name ► TATE & TRYON Firm's EIN ► 52-1855942 Preparer **Use Only** Firm's address ▶ 2021 L ST NW Phone no (202) 293-2200 WASHINGTON, DC 20036 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page 2				
Pa	rt III Statement	of Program Servi	ce Accomplis	hments						
	Check If Sche	dule O contains a resp	onse or note to a	any line in this Part III		🗹				
1	Briefly describe the o	organization's mission		·						
THE	RESEARCHIAMERICA A	ALLIANCE ADVOCATES	FOR SCIENCE, [DISCOVERY, AND INNOVATION	ON TO ACHIEVE BETTER HEA	LTH FOR ALL				
2	Did the sussination				ana mak liakad an					
2				vices during the year which v		□yes ✓ No				
	•	ese new services on Sc				□ res ☑ No				
3	•			changes in how it conducts,	any program					
3	-	5 .	3		any program	□yes ✓No				
	services?									
	•	-								
4					est program services, as mea ents and allocations to others					
	expenses, and reven	, the total								
		,,,	- 3	F						
4a	(Code) (Expenses \$	1,629,256	including grants of \$) (Revenue \$	1,515,100)				
	See Additional Data									
4b	(Code) (Expenses \$	357,849	including grants of \$) (Revenue \$	363,600)				
	See Additional Data									
4c	(Code) (Expenses \$	215,508	ıncludıng grants of \$) (Revenue \$	480,800)				
	See Additional Data									
	See Additional Data	Table								
4d	Other program servi	ces (Describe in Sched	lule O)							
	(Expenses \$	378,979 ind	luding grants of	\$ 31,735)	(Revenue \$	243,000)				
4e	Total program ser	vice expenses ▶	2,581,5	92						
						Form 990 (2018)				

Par	tlV 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	
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 2	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 2	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 I !	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 2 Did the organization maintain collections of works of art, historical treasures, or other similar assets?	7		
	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 2	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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
	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 2	11f		No
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		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1° If "Yes," complete Schedule I, Parts I and II	21		No
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
		F	orm 99	0 (2018)

Pa	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? 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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 . . .

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. 38

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

Statements Regarding Other IRS Filings and Tax Compliance Part V

Check if Schedule O contains a response or note to any line in this Part V . 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

17 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a

1b

Yes

Yes

34

35a

35b

36

37

38

Νo

Nο

Nο

Nο

No

Form 990 (2018)

10a

10b

11a

11b

12b

13b

13c

12a

13a

14a

14b

15

No

Nο

Form **990** (2018)

Section 501(c)(7) organizations. Enter

Section 501(c)(12) organizations. Entera Gross income from members or shareholders .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

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

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

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

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

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

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

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

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

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

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

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

Page 6

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines							
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI							
Section A. Governing Body and Management								
					Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	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 independent	1b	35					
2	Did any officer, director, trustee, or key employee have a family relationship or a busing officer, director, trustee, or key employee?			2	•	No		

Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Nο of officers, directors or trustees, or key employees to a management company or other person? . 4 Νo Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . Did the organization become aware during the year of a significant diversion of the organization's assets? • . 5 Νo 6 6 Yes 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a Yes Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b Yes Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a Yes Each committee with authority to act on behalf of the governing body? Яh Yes 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 Nο

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Νo b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 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 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 13

18

	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?	16b		
Se	ction C. Disclosure	16b		
Se 17	· · · · · · · · · · · · · · · · · · ·	, IL , KS		
	ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ AK , AL , AR , CA , CO , CT , DC , FL , GA , MD , ME , MI , MS , MN , NC , ND , NJ , NH	, IL , KS		
17	Ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed AK , AL , AR , CA , CO , CT , DC , FL , GA , MD , ME , MI , MS , MN , NC , ND , NJ , NF OR , PA , RI , SC , TN , UT , VA , WA , WI Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s	, IL , KS		
17	Ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed AK , AL , AR , CA , CO , CT , DC , FL , GA , MD , ME , MI , MS , MN , NC , ND , NJ , NF OR , PA , RI , SC , TN , UT , VA , WA , WI Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available.	, IL , KS		
17	Ction C. Disclosure List the States with which a copy of this Form 990 is required to be filed AK , AL , AR , CA , CO , CT , DC , FL , GA , MD , ME , MI , MS , MN , NC , ND , NJ , NH OR , PA , RI , SC , TN , UT , VA , WA , WI Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply ✓ Own website □ Another's website ✓ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	, IL , KS		

orm 990 (2018)										Page 7				
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,				
	Check if Schedule O contains a	response or no	te to an	y line	ın t	this	Part VI	١.			🗆				
Section	A. Officers, Directors, Tru	istees, Key E	mploy	ees	, an	id H	lighe	st C	Compensated En	nployees					
ear • List all f compens	e this table for all persons require of the organization's current of ation Enter -0- in columns (D), (ficers, directors, E), and (F) if no	trustee	s (wl nsatı	neth on v	er ir vas į	ndıvıdu Daid	als (or organizations), re	gardless of amount	-				
	of the organization's current key		•												
ho receive	organization's five current high ad reportable compensation (Box n and any related organizations														
f reportabl	of the organization's former office e compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	•'			·	•				
rganızatıor	of the organization's former dire n, more than \$10,000 of reportab	le compensation	n from t	he or	gan	ızatı	on and	an	y related organization	ns	2				
ompensate	s in the following order individua ed employees, and former such p	ersons	•												
_ Check	this box if neither the organizatio	n nor any relate	ed orgar	nizatio	on c	omp	ensate	d ar	ny current officer, di	rector, or trustee	Γ				
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Reportable compensation from related organizations	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1000 MISC)	MISC)	related organizations				
See Addition	al Data Table						Ŀ								
					l	1		l							

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? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	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 .

Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

(A) (B) Name and business address Description of services **EVENT EMISSARY LLC** EVENT DESIGN AND MANAGEMENT

compensation from the organization ▶ 1

from the organization Report compensation for the calendar year ending with or within the organization's tax year

3401 LYONS CREEK ROAD

DUNKIRK, MD 20754	

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

Form 990 (2018)

(C)

Compensation

Νo

170,868

Part	VII											
		Check if Schedul	e O contains	a respo	onse or note to any l	(his Part VIII A) revenue	Rel e: fu	(B) ated or xempt nction	(C) Unrelated business revenue	d ;	(D) Revenue excluded from x under sections
	1	1a Federated campaig	ns	1a				re	venue			512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues		1b	<u> </u>							
Gra not		c Fundraising events		1c	643,181							
_, \ <u>\</u>		d Related organizatio	ns	1d								
ija Ija		e Government grants (co	ontributions)	1e								
ıns, Sir		f All other contributions										
utio Per		and similar amounts n above	ot included	1f	619,515							
g ji		g Noncash contribution in lines 1a - 1f \$	ons included	16	,850							
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a			<u> </u>							
	_				Business	Code	1,262,696					
nue	2	a DUES				900099	1,5	515,100	1,515	,100		
रु∧न्ध	ı	b PARTNER PROGRAMS				900099	(506,600	606	,600		
Ce F		c NATIONAL FORUM				900099	4	180,800	480	,800		
ěrv		d										
m S	Ì	e ———		_								
Program Service Revenue	1	f All other program se	rvice revenue	:								
ď	ç	g Total. Add lines 2a-2	f		2,6	02,500						
		Investment income (i			interest, and other		21,20	1				21,201
		sımılar amounts) • Income from ınvestm	• • • • • ent of tax-exe		ond proceeds							
	5	Royalties		•								
	_		(ı) Rea	I	(II) Personal							
	6	ia Gross rents		14,200								
		b Less rental expenses		14,814								
		c Rental income or		-614		1						
		(loss)				ļ	-61	4				C1.4
		d Net rental income o	(II) Other		-01	+				-614		
	7	a Gross amount	(ı) Securi			1						
		from sales of assets other than inventory	-	141,775								
		b Less cost or										
		other basis and sales expenses	:	124,401								
		C Gain or (loss)		17,374		1						
		d Net gain or (loss)			•	<u> </u>	17,37	4				17,374
e	8	Gross income from f (not including \$	undraising ev 643,181									
Other Revenue		contributions reporte See Part IV, line 18		а	77,220							
Rev		b Less direct expense		ь	231,215	1						
er		${f c}$ Net income or (loss)	from fundrais	sing ev	ents		-153,99	5				-153,995
Oth	9	a Gross income from g See Part IV, line 19		ies								
		·		а								
		b Less direct expense		b]						
		c Net income or (loss) OaGross sales of invent		activit	ies ▶	1						
		returns and allowand			ļ							
		b Less cost of goods s	hlos	a b		-						
		c Net income or (loss)				J						
		Miscellaneous			Business Code							
	1	.1aOTHER INCOME			900099		93	4				934
		h-										
		b										
		с										
		d All other revenue .				-						
		e Total. Add lines 11a	-11d		>		93	4				
	1	. 2 Total revenue. See	Instructions				3,750,09		2,602,500		0	-115,100
							3,730,09	<u> </u>	2,002,500			-115,100 Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all c	columns All other orga	anızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to an	y line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	29,478	29,478		
2 Grants and other assistance to domestic individuals See Part IV, line 22	2,257	2,257		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	812,271	487,913	156,535	167,823
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	1,421,599	856,742	270,190	294,667
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	88,390	54,187	15,491	18,712
9 Other employee benefits	109,308	58,003	31,489	19,816
10 Payroll taxes	124,708	76,351	21,875	26,482
11 Fees for services (non-employees)				
a Management				
b Legal	4,333	1,085	3,076	172
c Accounting	56,857	49,032		7,825
d Lobbying	92,500	92,500		
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,503		1,503	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	153,972	150,329	3,056	587
12 Advertising and promotion	37,366	37,014	98	254
13 Office expenses	37,248	29,873	2,777	4,598
14 Information technology	81,822	70,848	3,135	7,839
15 Royalties				
16 Occupancy	233,092	192,496	10,088	30,508
17 Travel	63,010	52,305	15	10,690
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	167,451	162,550	3,692	1,209
20 Interest	379	379		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	79,418	65,123	3,971	10,324
23 Insurance	11,052	8,499	1,206	1,347
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UBI TAXES	7,676	7,676		
b DUES & SUBSCRIPTIONS	56,140	53,233	2,453	454
c PRINTING & PUBLICATIONS	33,932	33,932		

16,815

11,902

3,734,479

15,873

547,377

854

2,203

605,510

Form **990** (2018)

942

8,845

2,581,592

d TEMPORARY PERSONNEL

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

e All other expenses

Form 990 (2018)

Liabilities

Assets or Fund Balances

Net

23

24

26

27

28

29

30

31

32

33

34

	Beginning of year		End of year
1 Cash-non-interest-bearing	538,741	1	319,916
2 Savings and temporary cash investments	39,900	2	27,823
3 Pledges and grants receivable, net	1,056,328	3	1,177,685
4 Accounts receivable, net	40,026	4	45,260
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9)		_	

		Part II of Schedule L				5	
(0	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organization voluntary employees' beneficiary organizations (Part II of Schedule L.		6			
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use		8			
⋖	9	Prepaid expenses and deferred charges			24,488	9	42,586
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	722,491			
	ь	Less accumulated depreciation	10b	266,707	519,448	10c	455,784
	11	Investments—publicly traded securities .			974,807	11	929,095

Assets		voluntary employees' beneficiary organizations Part II of Schedule L	structions) Compléte		6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			24,488	9	42,586
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	722,491			
	ь	Less accumulated depreciation	10 b	266,707	519,448	10c	455,784
	11	Investments—publicly traded securities .	974,807	11	929,095		
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	362,618	15	367,301		
	16	Total assets Add lines 1 through 15 (must equ	al line	341	3 556 356	16	3 365 450

9	Prepaid expenses and deferred charges		• •	24,400	9	42,360
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	722,491			
b	Less accumulated depreciation	10b	266,707	519,448	10c	455,784
11	1 Investments—publicly traded securities .			974,807	11	929,095
12	Investments—other securities See Part IV, line		12			
13	Investments—program-related See Part IV, line			13		
14	Intangible assets				14	
15	Other assets See Part IV, line 11			362,618	15	367,301
16	Total assets.Add lines 1 through 15 (must equ	al line 3	4)	3,556,356	16	3,365,450
17	Accounts payable and accrued expenses			207,138	17	233,614
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	

21

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31 32

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34

1,113,193

1.320.331

605.210

1,630,815

2,236,025

3,556,356

50,379

1.057.490

1.341.483

447,331

1,576,636

2,023,967

3,365,450

Form **990** (2018)

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

persons Complete Part II of Schedule L .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

and other liabilities not included on lines 17 - 24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

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

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

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

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

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

3a

3b

No

Form 990 (2018)

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 52-1609875

Name: RESEARCH AMERICA

Form 990 (2018)

DEVICE EXCISE TAX

Form 990, Part III, Line 4a:

ORGANIZATIONS, WORKED DILIGENTLY TO ADVANCE FUNDING AND POLICY PRIORITIES AIMED AT SPEEDING MEDICAL PROGRESS, STRENGTHENING OUR NATION'S PUBLIC HEALTH SYSTEM, AND ASSURING OUR NATION SUSTAINS ITS STRATEGICALLY VITAL STANDING AS THE GLOBAL LEADER IN SCIENCE AND INNOVATION OUR ALLIANCE PLAYED A PROMINENT ROLE IN ACHIEVING KEY FUNDING AND POLICY ACCOMPLISHMENTS IN 2018. INCLUDING A BIPARTISAN DEAL TO RAISE THE BUDGET CAPS IN FY 2018 AND FY 2019, A \$3 BILLION AND \$2 BILLION INCREASE FOR THE NATIONAL INSTITUTES OF HEALTH (NIH) IN FY 2018 AND 2019 RESPECTIVELY OUR EFFORTS ALSO PLAYED A ROLE IN PREVENTING A NUMBER OF HARMFUL PROPOSALS FROM ADVANCING WE PARTICIPATED IN 219 CONGRESSIONAL MEETINGS AND HELD 70 MEETINGS WITH EXECUTIVE BRANCH OFFICIALS RESEARCH/AMERICA PUBLISHED 61 NEW FACT SHEETS, INFOGRAPHICS, AND OTHER ADVOCACY AND PUBLIC EDUCATION MATERIALS WE SENT OR SIGNED ONTO 61 LETTERS AND STATEMENTS DIRECTED TO MEMBERS OF CONGRESS OR THE ADMINISTRATION, INCLUDING

LETTERS ADVOCATING FOR ROBUST FY 2018 AND FY 2019 FUNDING FOR HEALTH AND OTHER SCIENTIFIC RESEARCH, AND CALLING FOR THE REPEAL OF THE MEDICAL

ELEVATING MEDICAL AND HEALTH RESEARCH AS A HIGHER NATIONAL PRIORITY - IN 2018, RESEARCH/AMERICA, ALONG WITH OUR MORE THAN 400 ALLIANCE MEMBER

PARTNERING WITH MEMBERS ON HIGH-IMPACT PROGRAMS - RESEARCH AMERICA ORGANIZED 34 SPECIAL EVENTS HIGHLIGHTING HOW RESEARCH DRIVES INNOVATION, INCLUDING FOUR CAPITOL HILL BRIEFINGS SHOWCASING THE INTERPLAY OF PUBLIC AND PRIVATE SECTOR-FUELED R&D UNDERLYING MEDICAL AND PUBLIC HEALTH PROGRESS THROUGH THE "ADVOCACY AND ACTION" PAGE ON OUR WEBSITE, WE PROVIDED A HOST OF RESOURCES FOR HANDS-ON ADVOCACY, INCLUDING EDITABLE

EMAILS AND TWEETS, TALKING POINTS, AND PHONE SCRIPTS WE ALSO HELD MEETINGS FOR ALLIANCE MEMBERS THAT FEATURED CONTENT EXPERTS ON THE

Form 990, Part III, Line 4b:

APPROPRIATIONS PROCESS, VALUE-BASED PURCHASING, CLINICAL RESEARCH, AND OTHER TIMELY ISSUES, AND HOSTED MEETINGS AND CALLS THAT GAVE OUR MEMBERS AN OPPORTUNITY TO HEAR FROM KEY FEDERAL OFFICIALS AND APPROPRIATIONS AND AUTHORIZING COMMITTEE STAFF

ANNUAL SIGNATURE PROGRAM EVENTS - RESEARCH AMERICA'S 2018 NATIONAL HEALTH RESEARCH FORUM EXPLORED A RANGE OF TOPICS THAT ARE FRONT AND CENTER AS OUR NATION LEVERAGES RESEARCH TO OVERCOME DEADLY AND DEBILITATING HEALTH THREATS. FROM DISCUSSING NEW AND NEWLY EMERGING.

STRATEGIES FOR SPEEDING THE PATH TO BETTER HEALTH. TO CONSIDERING THE CHALLENGES AND OPPORTUNITIES THAT BEAR ON PROGRESS AGAINST TREATMENT-

ACROSS THE GLOBE

Form 990, Part III, Line 4c:

ELUSIVE HEALTH THREATS. TO CHECKING IN ON THE HUGELY AMBITIOUS AND CRITICALLY IMPORTANT BRAIN INITIATIVE. THIS YEAR'S FORUM CAPTURED THE SENSE OF

URGENCY, POSSIBILITY AND UNWAVERING DETERMINATION THAT IS EMPOWERING SCIENCE TO CREATE A HEALTHIER FUTURE FOR AMERICANS AND POPULATIONS

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

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

others, the total expenses, and revenue, if any, for each program service reported.

) (Revenue \$ (Code) (Expenses \$ 100,030 including grants of \$ 155,000) MONITORING THE PULSE OF PUBLIC SENTIMENT ON MEDICAL RESEARCH AND SCIENCE - PUBLIC OPINION SURVEYS COMMISSIONED BY

EFFECTIVE WAY TO REACH NON-SCIENTISTS, INCLUDING THOSE WHO FORMULATE POLICY FOR THE NATION, IS FOR SCIENTISTS THEMSELVES (Code) (Expenses \$ 73,785 including grants of \$ 27,735) (Revenue \$ 88,000)

SCIENCE COMMUNICATION AND CIVIC ENGAGEMENT -THROUGHOUT THE YEAR, RESEARCHIAMERICA CONDUCTS ADVOCACY WORKSHOPS AND RESEARCH AND BUILD RELATIONSHIPS WITH THE PUBLIC, POLICYMAKERS AND THE MEDIA WE PUBLISH FACT SHEETS AND OTHER MATERIALS

WEBINARS WITH RESEARCHERS, FACULTY, PATIENT ADVOCATES AND STUDENTS TO HELP THEM BECOME STRONGER ADVOCATES FOR TO SUPPORT ADVOCACY OBJECTIVES AND PROVIDE ADVOCACY TOOLS FOR MEMBERS AND ADVOCATES MORE AND MORE. EARLY CAREER SCIENTISTS IN THE UNITED STATES HAVE SHOWN INCREASED INTEREST IN CIVIC ENGAGEMENT AND HAVE TAKEN THE OPPORTUNITY TO ELEVATE THE IMPORTANCE OF SCIENCE TO BOTH THE PUBLIC AND POLICY-MAKERS. RESEARCH AMERICA LAUNCHED THE BIPARTISAN CIVIC ENGAGEMENT INITIATIVE IN 2018 BY PROVIDING MICROGRANTS TO TEN SCIENCE POLICY STUDENT GROUPS ACROSS THE NATION TO

INCREASE THEIR LEVEL OF CIVIC ENGAGEMENT AND OUTREACH TO CANDIDATES RUNNING FOR STATE AND FEDERAL OFFICE BEFORE THE MIDTERM ELECTIONS FOR THEIR INITIATIVES. YOUNG SCIENTIST GROUPS HOSTED A VARIETY OF EVENTS INCLUDING OP-ED WRITING WORKSHOPS, ROUNDTABLE DISCUSSIONS, COMMUNITY SCIENCE EVENTS, SOCIAL MEDIA ENGAGEMENTS, AND PANEL DISCUSSIONS TO INCREASE AWARENESS OF THE SOCIETAL BENEFITS OF RESEARCH AMONG CANDIDATES AND THE PUBLIC BEFORE THE MIDTERM ELECTIONS GROUP AND EVENT SUCCESS WAS MEASURED BY PUBLIC ATTENDANCE, ENGAGEMENT METRICS (TWITTER, FACEBOOK AND PARTICIPANT

SURVEYS) AS WELL AS THE ABILITY OF THE EVENTS TO GENERATE SUSTAINABLE MODELS FOR FUTURE ENGAGEMENT EVENTS

TO MAKE THE CASE AS TO WHY THEIR WORK MATTERS. IN A HOST OF WAYS THAT CONTRIBUTE TO A PRODUCTIVE, PROSPEROUS SOCIETY

RESEARCH'AMERICA HAVE ESTABLISHED THE ESSENTIAL 'INVISIBILITY' OF SCIENTISTS AND SCIENCE-BASED INSTITUTIONS AMONG THE AMERICAN PUBLIC. WHICH IS A CONTRIBUTING FACTOR TO SCIENCE SKEPTICISM RESEARCH AMERICA HAS SEEN FIRSTHAND THAT THE MOST

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

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

LIVES, REDUCING PRODUCTIVITY, AND SINGLE-HANDEDLY PLACING OUR FISCAL FUTURE AT RISK

134,433

) (Expenses \$

(Code

OTHER PROGRAMS

(Code) (Expenses \$ 70,731 including grants of \$) (Revenue \$ TRACKING U.S. INVESTMENTS IN MEDICAL AND HEALTH RESEARCH AND DEVELOPMENT - TOTAL U.S. INVESTMENT IN MEDICAL AND HEALTH RESEARCH AND DEVELOPMENT (R&D) IN THE U.S. GREW BY 27% OVER THE FIVE-YEAR PERIOD FROM 2013 TO 2017, LED BY INDUSTRY AND THE

FEDERAL GOVERNMENT, ACCORDING TO RESEARCHIAMERICA'S REPORT "U.S. INVESTMENTS IN MEDICAL AND HEALTH RESEARCH AND DEVELOPMENT "OVERALL, U.S. INVESTMENTS IN HEALTH-RELATED RESEARCH AND DEVELOPMENT CONTINUE TO MOVE IN A POSITIVE DIRECTION, BUT IT'S IMPORTANT TO CONSIDER WHETHER THIS INVESTMENT IS ENOUGH TO OVERCOME HEALTH THREATS THAT ARE TAKING

including grants of \$

4,000) (Revenue \$

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

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

	any nours	and	and a director/trustee)			,	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional Trustee or director		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations			
HON MICHAEL CASTLE CHAIR	4 00	x		×				0	0	0
HON KWEISI MFUME VICE CHAIR	4 00	х		х				0	0	0
E ALBERT REECE MD PHD MBA SECRETARY	4 00	х		х				0	0	0
SUDIP S PARIKH PHD TREASURER (AS OF MAR '18)	4 00	х		x				0	0	0
LUCINDA MAINE PHD RPH DIRECTOR (TREASURER THRU MAR '18)	1 00	×		x				0	0	0

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HON JOHN EDWARD PORTER

CHAIR EMERITUS

DIRECTOR

DIRECTOR

DIRECTOR

NANCY BROWN

TENLEY E ALBRIGHT MD

HORTENSIA AMARO PHD

DIRECTOR (THRU MAR '18)

GEORGES C BENJAMIN MD

and Independent Contractors

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

	any hours	and a director/trustee)						organization	organizations	from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
SUSAN DENTZER DIRECTOR	1 00	x						0	0	0	
VICTOR J DZAU MD DIRECTOR	1 00	x						0	0	0	
SUSAN FITZPATRICK PHD DIRECTOR	1 00	x						0	0	0	
JAY A GERSHEN DDS PHD DIRECTOR	1 00	×						0	0	0	
HON BART GORDON	1 00	l									

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JAY A GERSHEN DDS PHD
DIRECTOR
HON BART GORDON
DIRECTOR

WILLIAM N HAIT MD PHD

LARRY HAUSNER MBA

MARY JC HENDRIX PHD

MARTHA N HILL PHD RN

RUSH D HOLT PHD

......

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

and Independent Contractors

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

	any hours	and a director/trustee)						organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
HARRY JOHNS DIRECTOR (THRU MAR '18)	1 00	х						0	0	0
ELIZABETH BAKER KEFFER DIRECTOR	1 00	х						0	0	0
DEBRA R LAPPIN JD DIRECTOR	1 00	х						0	0	0
ALAN I LESHNER PHD DIRECTOR	1 00	х						0	0	0
JAMES MADARA MD	1 00	×						0	0	0

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DIRECTOR

......

MARK MCCLELLAN MD PHD

.....

HERBERT PARDES MD

HAROLD L PAZ MD MS

GUILLERMO PRADO PHD

DIRECTOR (AS OF MAR '18)

DIRECTOR (AS OF MAR '18)

DIRECTOR

DIRECTOR

DIRECTOR

DEREK RAPP

and Independent Contractors

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

	any nours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
GARY M REEDY DIRECTOR	1 00	x						0	0	0	
AMY COMSTOCK RICK JD DIRECTOR	1 00	х						0	0	0	
LAING ROGERS DIRECTOR	1 00	х						0	0	0	
LARRY J SHAPIRO MD	1 00	×						0	0	0	

DIRECTOR						
LAING ROGERS	1 00	1				·
DIRECTOR		×			U	
LARRY J SHAPIRO MD	1 00	1			0	
DIRECTOR		_ ^				
GREGORY SORENSEN MD	1 00					

1 00

1 00

50 00

45 00

45 00

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526,382

198,765

226,592

0

52,167

27,093

27,327

0

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......

and Independent Contractors

......

DIRECTOR

DIRECTOR

DIRECTOR

MARY WOOLLEY

PRESIDENT & CEO

MICHAEL COBURN

EXECUTIVE VP & COO

VP - POLICY & ADVOCACY

ELEANOR DEHONEY

KEITH YAMAMOTO PHD

ELIAS ZERHOUNI MD

.......

and Independent Contractors (A) Name and Title

week (list any hours for related organizations below dotted line)
 45 00
ı

(B)

Average

hours per

45 00

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

(C)

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

Former

compensation from the organization (W- 2/1099-MISC)

(D)

Reportable

166,897 177,667

compensation from related organizations (W- 2/1099-MISC)

(E)

Reportable

compensation from the organization and related organizations 23,387

15,513

(F)

Estimated

amount of other

VP - COMMUNICATIONS (THRU OCT '18)

SUZANNE FFOLKES

DONNA MCKELVEY

VP - DEVELOPMENT

Institutional

efile	GR/	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493133053929		
SCI	IED	ULE A	Public	Charity Statu	e and Dul	hlic Sunn	ort	OMB No 1545-0047		
	m 990			rganization is a sect			1	2018		
90E	(Z)		-	4947(a)(1) nonexe		2010				
)epart	nent of	the Treasury	► Go to	► Attach to Form 9 www.irs.gov/Form9		Open to Public				
iterna	Reven	nie Service ne organiza	tion				Employer identific	Inspection		
		MERICA					' '			
Pai	ŧΙ	Reason	for Public Charity Stat	us (All organization	s must comple	te this part.) S	52-1609875 See instructions.			
			private foundation because							
1		A church, c	onvention of churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).			
2		A school de	scribed in section 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))				
3		A hospital o	or a cooperative hospital ser	vice organization desci	rıbed ın section	170(b)(1)(A)(iii).			
4		A medical r name, city,	esearch organization operat and state	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's		
5		(b)(1)(A)	ation operated for the benefi (iv). (Complete Part II)	-				bed in section 170		
6		A federal, s	tate, or local government or	r governmental unit de	scribed in sectio	on 170(b)(1)(A	i)(v).			
7		section 17	ation that normally receives $(0(b)(1)(A)(vi).$ (Complete	e Part II)			ınıt or from the gener	al public described in		
8			ty trust described in sectio i		•	,				
9			ural research organization de rant college of agriculture S					ege or university or a		
0	✓	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)								
1		•	ation organized and operate		r public safety S	ee section 509	(a)(4).			
2		more public	ation organized and operated by supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a			
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by			
o		Type II. A manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	pervised or controlled in ation vested in the san						
С		Type III f	unctionally integrated. A programme on the companies of t	supporting organization				ited with, its		
d		Type III n functionally	on-functionally integrate integrated The organization i) You must complete Pai	d. A supporting organi in generally must satis	zation operated fy a distribution	in connection wi requirement and	th its supported organ			
е			box if the organization recei or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally		
f	Enter		of supported organizations	mregrated supporting	organization					
g	Provid	de the follow	ing information about the si	upported organization(s)					
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
_										
otal			tion Act Notice, see the I	<u> </u>	Cat No 11285		 Schedule A (Form 9			

instructions

	(Complete only if you che III. If the organization fai						fy under Part
S	ection A. Public Support	is to quality ut	ider the tests his	ted below, pleas	se complete rai	C 111.)	
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2013	(0) 2010	(d) 2017	(e) 2010	(I) Iotai
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from						
	line 4						
S	ection B. Total Support		•		•		
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(4)2011	(5)2013	(6)2010	(4)2017	(6)2010	(1) Total
7	Amounts 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, e	c (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anızatıon,
	check this box and stop here					▶ [
S	ection C. Computation of Public						
	Public support percentage for 2018 (line			column (f))		14	
	Public support percentage for 2017 Sch			(1)		15	
	33 1/3% support test—2018. If the			on line 13, and lin	ne 14 is 33 1/2% o		hov
тоа					ie 14 is 33 1/3 /0 0	i illore, check this	▶□
L	and stop here. The organization qualifi 33 1/3% support test—2017. If the				and line 15 is 33 t	/3% or more chec	k this
U	• •	-			and mic 15 i5 55 1	, s to or more, enec	
	box and stop here. The organization of	qualifies as a pub	nicly supported or	ganization	- 12 16 16		▶□
17a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						ightharpoons
h	10%-facts-and-circumstances test	—2017. If the o	rganization did no	t check a box on li	ine 13, 16a. 16b. o	or 17a, and line	· -
ט	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	· -					F/	▶ □
	supported organization						

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

Section A. Public Support Calendar year

(or fiscal year beginning in) ▶

Part III

1,678,810

2,383,273

16,103,521

18,486,794

165,757

165,757

3,723

18,656,274

86 320 %

87 520 %

0 890 %

0 760 %

▶∐

▶□

(f) Total

(f) Total

1	membership fees received (Do not include any "unusual grants")	1,505,798	1,191,067	1,451,984	1,635,035	1,262,696	7,046,580
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	2,033,585	2,169,589	2,189,600	2,367,720	2,679,720	11,440,214
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	3,539,383	3,360,656	3,641,584	4,002,755	3,942,416	18,486,794
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	88,850	89,450	64,922	91,522	369,719	704,463
b	Amounts included on lines 2 and 3 received from other than disqualified						

208,930

298,380

3,360,656

45,308

45,308

1,001

3,406,965

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

19a 331/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2017. 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

(b) 2015

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

(c) 2016

297,736

362,658

3,641,584

37,465

37,465

29

3,679,078

(c) 2016

(d) 2017

576,461

667,983

4,002,755

16,259

16,259

759

4,019,773

(d) 2017

(e) 2018

162,848

532,567

3,942,416

35,401

35,401

934

3,978,751

Schedule A (Form 990 or 990-EZ) 2018

15

16

17

(e) 2018

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

(a) 2014

the organization fails to qualify under the tests listed below, please complete Part II.)

(b) 2015

8	Public support. (Subtract line 7c
С	Add lines 7a and 7b
	13 for the year
	\$5,000 or 1% of the amount on line
	persons that exceed the greater of

Section B. Total Support Calendar year

> Amounts from line 6 Gross income from interest,

Add lines 10a and 10b

regularly carried on

11, and 12)

(or fiscal year beginning in) ▶

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,

Net income from unrelated business activities not included in line 10b, whether or not the business is

Other income Do not include gain or loss from the sale of capital

assets (Explain in Part VI) Total support. (Add lines 9, 10c,

check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage from 2017 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage from 2017 Schedule A, Part III, line 17

from line 6)

1975

10a

С

14

15

16

17

18

20

521,685
(a) 2014

on line

432,835

3,539,383

31,324

31,324

1,000

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

3,571,707

Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

answer line 10b below

the organization had excess business holdings)

Schedule A (Form 990 or 990-EZ) 2018

Section A. All Supporting Organizations Yes

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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 3a 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

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 Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a 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 4b supervised by or in connection with its supported organizations 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)? 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 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 5a amendment to the organizing document)

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

Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (1) its supported organizations. (11) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 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 I of Schedule L (Form 990 or 990-EZ)

8

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

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI. 9b

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Pa	Int IV Supporting Organizations (continued)					
	cupper unity or gamma unito (communica)		Yes	No		
11	Has the organization accepted a gift or contribution from any of the following persons?					
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the					
u	governing body of a supported organization?	11a				
h	A family member of a person described in (a) above?	11b				
	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				
	ection B. Type I Supporting Organizations	110				
	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					
	-					
5	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		162	140		
•	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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?)				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? 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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)				
	The organization satisfied the Activities Test. Complete line 2 below	-				
	b					
	c	e instru	ctions)			
			,			
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	Parent of Supported Organizations Answer (a) and (b) below.	20				
	 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 of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard 	26				

/I) See Igh E	
(B) Current Year	
(optional)	

(B) Current Year

(optional)

Current Year

Page 6

	Check here if the organization satisfied the Integral Part Test as a qualifying trust on instructions. All other Type III non-functionally integrated supporting organizations in		
~		(A) Prior Year	

	instructions. All other Type III non-functionally integrated supporting organiza	tions i	must complete Sections A	through E
	Section A - Adjusted Net Income		(A) Prior Year	(B) C (o
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		

4 5

Add lines 1 through 3

Depreciation and depletion 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) Other expenses (see instructions)

1

5

5

7

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Section B - Minimum Asset Amount

Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)

a Average monthly value of securities **b** Average monthly cash balances c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 Acquisition indebtedness applicable to non-exempt use assets Subtract line 2 from line 1d

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)

5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 035 6

7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6)

Section C - Distributable Amount

8

Adjusted net income for prior year (from Section A, line 8, Column A)

Enter 85% of line 1

2

temporary reduction (see instructions)

Income tax imposed in prior year

instructions)

4

Minimum asset amount for prior year (from Section B, line 8, Column A)

Enter greater of line 2 or line 3

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

5

2 3 4

6

6

7

8

1

1a

1b

1c 1d

2

3

4

5

6

7

8

1

(A) Prior Year

Schedule A (Form 990 or 990-F7) 2018

b Applied to 2018 distributable amount

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c 8 Breakdown of line 7

a Excess from 2014. **b** Excess from 2015. c Excess from 2016.

Schedule A (Form 990 or 990-EZ) (2018)

d Excess from 2017. e Excess from 2018.

ocneaule A ((Form 990 or 990-EZ) 2	Page 8
Part VI	Section A, lines 1, 2, 3 Part IV, Section D, line	mation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 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, es 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 and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See
		Facts And Circumstances Test
990 Scher	dule A, Supplemen	tal Information
	, ,	
Ket	turn Reference	Explanation
	A, PART III, LINE 12,	OTHER INCOME - 2014 AMOUNT \$ 1,000 2015 AMOUNT \$ 1,001 2016 AMOUNT \$ 29 2017 AMOUNT \$

000 571 3010

INCOME

EXPLANATION OF OTHER 759 2018 AMOUNT \$ 934

Additional Data

Software ID: Software Version:

759 2018 AMOUNT \$ 934

EIN: 52-1609875 Name: RESEARCH AMERICA

```
Return Reference
```

SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME

Explanation

OTHER INCOME - 2014 AMOUNT \$ 1,000 2015 AMOUNT \$ 1,001 2016 AMOUNT \$ 29 2017 AMOUNT \$

SCHEDULE C

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

DLN: 93493133053929

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990 or 990-

EZ)

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Inspection

f the	Section 501(c) (other than se Section 527 organizations C e organization answered "\ Section 501(c)(3) organizatio Section 501(c)(3) organizatio e organization answered "\ xy Tax) (see separate instr	ection 501(c)(3)) organizations Completomplete Part I-A only Yes" on Form 990, Part IV, Line 4, or ons that have filed Form 5768 (election ons that have NOT filed Form 5768 (election Yes" on Form 990, Part IV, Line 5 (Prouctions), then	te Parts I-A and C below Form 990-EZ, Part VI, Iin under section 501(h)) Co ction under section 501(h)	e 47 (Lobbying Activi mplete Part II-A Do no)) Complete Part II-B [ties), t com Do no	nplete Part II-B ot complete Pa	rt II-A
Nai	me of the organization			Employer id	lenti	ification num	ber
	"political campaign activities") Political campaign activity expenditures (see instructions) Volunteer hours for political campaign activities (see instructions) 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 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes \Boxedon No						
	<u> </u>						
1			ıcal campaıgn actıvıtıes ın	Part IV (see instruction	ns for	r definition of	
2	Political campaign activity	expenditures (see instructions)		•	\$		
3							
	•						
1	•	, <u> </u>		.	\$		
2 3	•	· -	_	•	\$		
	_	d a section 4955 tax, did it file Form 47	20 for this year?				⊔ No
4a						☐ Yes	☐ No
			section 501(c) even	ent section 501(c)	.31		
1							
2	•	. , ,	•		Þ		
_		ing organization's funds contributed to	other organizations for se	ttion 327 exempt ►	\$		
3	Total exempt function expe	enditures Add lines 1 and 2 Enter here	and on Form 1120-POL,	line 17b ►	\$		
4	Did the filing organization i	file Form 1120-POL for this year?			+		Пи
5	organization made paymer of political contributions re	nts For each organization listed, enter in ceived that were promptly and directly	the amount paid from the delivered to a separate po	filing organization's fur olitical organization, suc	nds A	the filing Also enter the	amount
	(a) Name	(b) Address	(c) EIN	filing organization's funds If none, ente		contributions and promp directly deliv separate p organization	received tly and ered to a olitical If none,
L							
2							
3							
1							
5							
5							
or P	Paperwork Reduction Act Notice	e, see the instructions for Form 990 or 9	90-EZ. Cat	No 50084S Schedule	C (Fo	orm 990 or 990	-EZ) 2018

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	

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

(a) 2015

317,303

101,873

79,326

11,030

(b) 2016

325,096

105,691

81,274

18,085

(c) 2017

334,363

129,118

83,591

14,044

(d) 2018

334,498

125,106

83,625

11,562

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

1,311,260

1,966,890

461,788

327,816

491,724

54,721

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

No

Yes

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year С Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Explanation

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

Supplemental Financial Statements

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

Open to Public

DLN: 93493133053929 OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** RESEARCH AMERICA 52-1609875 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1

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

Assets included in Form 990, Part X

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

following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2018

Par	3111	Organizations Maintaining Col	lections of Art, I	Histori	ical T	reas	ures, or	Other	Similar A	ssets (contin	ued)	
3		the organization's acquisition, accession (check all that apply)	n, and other records	, check	any of	the fo	ollowing tl	nat are a	significant	use of its	s colle	ction	
а		Public exhibition		d		Loar	or excha	nge prog	ırams				
b		Scholarly research		e		Othe	er						
С		Preservation for future generations											
4	Provide Part	de a description of the organization's col	lections and explain	how the	ey furti	her th	e organiz	ation's e	kempt purp	ose in			
5		g the year, did the organization solicit o s to be sold to raise funds rather than to							nlar	□ Ye	es	□ N	0
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990), Part	IV, I	ıne 9, or	reporte	ed an amo	unt on I	Form	990,	Part
1a		e organization an agent, trustee, custodi led on Form 990, Part X?	an or other intermed	liary for	contri	bution	ns or othe	r assets	not	☐ Y €	es	□ N	o
b	If "Y∈	s," explain the arrangement in Part XIII	and complete the fo	llowing	table		[,	Amount			_
С	Begin	ning balance						1c					_
d	Addıt	ons during the year						1d					
e	Dıstrı	butions during the year						1e					
f	Endın	g balance					[1f					_
2 a	Did th	ne organization include an amount on Fo	rm 990, Part X, line	21, for	escrov	v or cı	ustodial a	ccount lia	ability?	□ Ye	es	□ N	0
b	If "Ye	s," explain the arrangement in Part XIII	Check here if the e	xplanat	ion has	s been	provided	l in Part :	XIII	. 🗆			
Pa	rt V	Endowment Funds. Complete if											
			(a)Current year	(b) P	rior yea	r	(c)Two ye	ars back	(d)Three ye	ars back	(e) Fo	ur year	s back
1 a	Beginn	ing of year balance	399,472		399	9,472		399,472		399,472		:	399,472
b	Contrib	outions											
c	Net inv	estment earnings, gains, and losses											
d	Grants	or scholarships											
		expenditures for facilities ograms											
f	Admını	strative expenses											
g	End of	year balance	399,472		399	9,472		399,472		399,472		:	399,472
2	Provid	de the estimated percentage of the curre	ent year end balance	(line 1	g, colu	mn (a	i)) held as	5					
а	Board	designated or quasi-endowment 🕨	100 000 %										
b	Perm	anent endowment 🟲											
С	Temp	orarily restricted endowment >											
	The p	ercentages on lines 2a, 2b, and 2c shou	ld equal 100%										
3a		nere endowment funds not in the posses	sion of the organiza	tion tha	t are h	eld ar	nd admini	stered fo	r the		г	V	- NI -
	-	nization by nrelated organizations								3	a(i)	Yes	No No
	• •	elated organizations		•	•	•					a(ii)		No
ь	• •	s" on $3a(II)$, are the related organization	s listed as required	on Sche	edule R	?.					3b		
4	Descr	ribe in Part XIII the intended uses of the	organization's endo	wment i	funds							'	
Par	t VI	Land, Buildings, and Equipme											
		Complete if the organization answ											
	Descri	ption of property (a) Cost or oth (investme		or other	basis (other)	(c) Acci	imulated o	lepreciation	,	(d) Boo	ok valu	e
1a	Land												
b	Buildin	gs											
c	Leaseh	old improvements			5	24,438			130,093				394,345
d	Equipn	nent				90,590			64,607				25,983
	Other					07,463			72,007				35,456
Tota	I. Add	lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colui	mn (B)	, line	10(c)).		>				455,784

<u> </u>	Investments—Other Securities. Complete if th	ie organizat	ion ansv	vered "Yes" on Form	990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		chod of valuation -of-year market value
	l derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on F	orm 990. P	art IV. lı	ne 11c. See Form 99	0. Part X. line 13.
	(a) Description of investment		ook value	(c) Met	chod of valuation -of-year market value
(1)				Cost of end	or year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organization answered (a) Description	'Yes' on Forr	m 990, Pa	rt IV, line 11d See Forr	n 990, Part X, line 15 (b) Book value
(1) DEPOSIT	-S				33,288
(2) DEFERRE (3)	ED COMPENSATION				334,013
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15)				▶ 367,301
Part X	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	nswered 'Ye	es' on Fo	rm 990, Part IV, line	11e or 11f.
1.	(a) Description of liability		(b) B	ook value	
	ncome taxes COMPENSATION LIABILITY			334,013	
DEFERRED R				723,477	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 25)	•		1,057,490	
	or uncertain tax positions. In Part XIII, provide the text of				_

Part XI

2

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Schedule D (Form 990) 2018

Page 4

7,095

3,994,622

-244,526

3,750,096

4,213,775

480,799

1,503

3.734.479

Schedule D (Form 990) 2018

3,732,976

а	Net unrealized gains (losses) on investments
b	Donated services and use of facilities

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Recoveries of prior year grants . . .

d Other (Describe in Part XIII) е 3

Amounts included on Form 990, Part VIII, line 12, but not on line 1

4 Investment expenses not included on Form 990, Part VIII, line 7b .

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

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

Add lines **4a** and **4b**

b Add lines **4a** and **4b** c 5

Part XII

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

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

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 4b

2a

2b

2c

2d

2a

2b

2c

2d

4a

4b

Explanation

1,503 -246,029

84,770

396,029

1,503

-77.675

84.770

4c

2e

3

4c

5

2e

3

Schedule D (Form 990) 2018		
Part XIII Supplemental Info	mation (continued)	
Return Reference	Explanation	

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 52-1609875

Name: RESEARCH AMERICA

THE BOARD OF DIRECTORS HAS DESIGNATED AN AMOUNT OF \$399,472 FOR A FUTURE USE TO BE DETERMI

PART V, LINE 4

NED AT A LATER TIME AND ONLY UPON APPROVAL OF THE BOARD

Return Reference

Supplemental Information Explanation

upplemental Information						
Return Reference	Explanation					
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES REPORTED ON LINE 8B -231,215 SUBLEASE EXPENSE -14,814					

S

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Supplemental Information Return Reference Explanation PART XII, LINE 2D - OTHER SPECIAL EVENTS EXPENSES REPORTED ON LINE 8B 231,215 SUBLEASE EXPENSE 14,814 RETURN OF CONTRIBUTION FUNDS TO DONOR 150,000 I ADJUSTMENTS

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding

Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

DLN: 93493133053929 OMB No 1545-0047

> Open to Public Inspection

Attach to Form 990 or Form 990-EZ. Go to www irs gov/Form990 for instructions and the latest information

Internal Revenue Service Name of the organization **Employer identification number** RESEARCH AMERICA 52-1609875 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Sche	dule G (Form 990 or 990-EZ) 2018					Page 3
11	Does the organization conduct gaming	activities with nonmemb	pers?		☐ Yes ☐ No	
12	Is the organization a grantor, beneficia formed to administer charitable gaming		or a member of a partnership or other entity		□Yes □No	
13	Indicate the percentage of gaming activ	vity conducted in				
а	The organization's facility			13a		%
b	An outside facility			13b		%
14	Enter the name and address of the pers	son who prepares the or	ganization's gaming/special events books and re	cords		
	Name ►					
	Address ►					
15a	Does the organization have a contract version revenue?	with a third party from v	vhom the organization receives gaming		☐ Yes ☐ No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		organization 🕨 \$ and th	e		
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 retain the state gaming license?	e law to make charitable	e distributions from the gaming proceeds to		☐ Yes ☐ No	
b	Enter the amount of distributions required in the organization's own exempt activities.		ributed to other exempt organizations or spent \$ \$			
Pai			nations required by Part I, line 2b, columns pplicable. Also provide any additional infor			
	Return Reference		Explanation			

Schedule G (Form 990 or 990-EZ) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data -		DLN: 934	9313	3053	929
Sch	edule J	Compensation	Information	ОМ	B No	1545-0	0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest					
Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line		line 23.	2018				
Б		► Attach to Fo Go to <u>www.irs.gov/Form990</u> for instru	orm 990.			o Pul	
•	tment of the Treasurv al Revenue Service	o to www.ns.gov/Formsso	uctions and the latest miorn			ectio	
	ne of the organiza EARCH AMERICA	tion		Employer identificati	on nu	mber	
	EARCH AMERICA			52-1609875			
Pa	rt I Questi	ons Regarding Compensation					
_	- 1			[Yes	No
1a		prate box(es) if the organization provided any of the forection A, line 1a Complete Part III to provide any relev					
			sing allowance or residence for p				
		· · · · · · · · · · · · · · · · · · ·	nents for business use of persor				
			th or social club dues or initiatio				
	☐ Discretion	ary spending account L Perso	onal services (e g , maid, chaufi	reur, cner)			
b		es in line 1a are checked, did the organization follow a Il of the expenses described above? If "No," complete l		ent or reimbursement	1b		
2		tion require substantiation prior to reimbursing or allow		1-2	2		
	directors, truste	es, officers, including the CEO/Executive Director, rega	arding the items checked in line	la,			
3		f any, of the following the filing organization used to e		e			
	_	EO/Executive Director Check all that apply Do not che d organization to establish compensation of the CEO/E	•	n Part III			
	✓ Compensa	tion committee Writt-					
			ten employment contract pensation survey or study				
	_ '	· · · · · · · · · · · · · · · · · · ·	oval by the board or compensat	rion committee			
			·				
4	related organiza	did any person listed on Form 990, Part VII, Section A tion	A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-control payment?			4a		No
b		receive payment from, a supplemental nonqualified re	etirement plan?		4b		No
c	Participate in, o	receive payment from, an equity-based compensation	n arrangement?		4c		No
	If "Yes" to any o	f lines 4a-c, list the persons and provide the applicable	e 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		d on Form 990, Part VII, Section A, line 1a, did the org	•				
	compensation co	ontingent on the revenues of					
а	The organization	?			5a		No
b	Any related orga				5b		No
_	•	5a or 5b, describe in Part III					
6		d on Form 990, Part VII, Section A, line 1a, did the org entingent on the net earnings of	ganization pay or accrue any				
а	The organization				6 a		No
b	Any related orga	ınızatıon? 6a or 6b, describe ın Part III			6b		No_
-	•	•		1			
7		d on Form 990, Part VII, Section A, line 1a, did the org escribed in lines 5 and 6? If "Yes," describe in Part III	ganization provide any nonfixed	'	7	Yes	
8		nts reported on Form 990, Part VII, paid or accured pu itial contract exception described in Regulations section		escribe	8		No
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow the rebuttable presui	imption procedure described in	Regulations section	9		No_
For I	Danamuark Badu	ction Act Notice, see the Instructions for Form 9	QQ Cat No 5	0053T Schedule 1		990)	2018

Part III Officers,	Dire	ctors, Trustees, Key	y Employees, and Hi	ghest Compensated	Employees. Use dup	licate copies if addition	nal space is needed.	
instructions, on row (ii)	Do no	ot list any individuals that	ted on Schedule J, report t are not listed on Form 9 dividual must equal the to	90, Part VII	.,	-		t ındıvıdual
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MISC compensation (ii) Bonus & incentive compensation (iii) Other reportable compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 MARY WOOLLEY PRESIDENT & CEO	(i)	460,232	62,530	3,620	40,467	15,550	582,399	0
	(ii)	0	0	0	0	0	0	0
2 MICHAEL COBURN EXECUTIVE VP & COO	(i)	189,028	9,000	737	16,133	14,975	229,873	0
EXECUTIVE VI & COO	(ii)	0	0	0	0	0	0	0
3 ELEANOR DEHONEY VP - POLICY & ADVOCACY	(i)	214,795	11,000	797	18,230	13,144	257,966	0
VI - FOLICI & ADVOCACI	(ii)	0	0	0	0	0	0	0
4 SUZANNE FFOLKES VP - COMMUNICATIONS	(i)	150,800	8,000	8,097	14,654	12,148	193,699	0
(THRU OCT '18)	(ii)	0	0	0	0	0	0	0
5 DONNA MCKELVEY VP - DEVELOPMENT	(i)	169,337	8,000	330	14,187	3,830	195,684	0
VP - DEVELOPMENT	(ii)	0	0	0	0	0	0	0
	1	i	1	I	i	i		İ

Schedule J (Form 990) 2018 Page 3 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 PART I. LINE 7 ITHE COMPENSATION COMMITTEE ESTABLISHES PERFORMANCE METRICS FOR THE CEO AT THE START OF THE YEAR WITH LEVELS OF ACHIEVEMENT DETERMINED (MEETS, EXCEEDS AND STRETCH GOALS) FOLLOWING THE CLOSE OF THE YEAR, THE COMMITTEE REVIEWS RESULTS WITH PERFORMANCE METRICS TO IDETERMINE OVERALL LEVEL OF PERFORMANCE. THE COMMITTEE ENGAGES A COMPENSATION CONSULTANT TO REVIEW THE MARKET COMPARISON FOR TOTAL

Schedule J (Form 990) 2018

ICOMPENSATION 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

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -	D	LN: 93493133053929
SCHEDUL (Form 990 or EZ)	990 or 990-EZ ecific questions on il information.	2018 Open to Public Inspection		
Name Betherofg RESEARCH AMERIC 990 Schedul		ion	Employer id 52-1609875	lentification number
Return Reference		Explanation		
FORM 990, PART VI, SECTION A, LINE 6	FESSIONAL SOCIETY, ASSOCI IS INTERESTED IN AND SUPPO	MBERSHIP ORGANIZATION MEMBERSHI ATION, CORPORATION, INSTITUTION, O' ORTIVE OF THE MISSION OF RESEARCH PRIORITY MEMBERS ARE APPROVED B	THER ENTITY OR INDIVIDITED IN THE INDIVIDITED INTO INDIVIDITED IN THE INDIVIDITED IN THE INDIVIDITED IN THE INDIVIDITED INTO INDIVIDITED INTO INDIVIDITED INTO INDIVIDITED INTO INDIVIDITED INTO INTO INTO INTO INTO INTO INTO INTO	DUAL WHICH SEARCH FOR

Explanation Return Reference

FORM 990. FACH INSTITUTION MEMBER HAS ONE VOTE ON MATTERS SUBJECT TO A VOTE BY THE MEMBERSHIP MEMBE PART VI. RS ELECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING SECTION A.

LINE 7A

990 Schedule O, Supplemental Information

Explanation Return Reference

FORM 990. MEMBERS MAY BE ASKED TO VOTE ON MATTERS OUTLINED IN THE BYLAWS (DISSOLUTION OR AMENDMENTS TO THE BYLAWS)

PART VI. SECTION A.

990 Schedule O, Supplemental Information

LINE 7B

Return Explanation

FORM 990, THE 990 IS PRESENTED TO THE AUDIT COMMITTEE IN CONJUNCTION WITH THE PRESENTATION OF THE AUDIT REPORT FOR 12/31 ONCE APPROVED BY THE COMMITTEE, THE 990 IS DISTRIBUTED TO THE BOARD SECTION B, WITH A 48 HOUR PERIOD TO RESPOND WITH ANY ISSUES OR EDITS PRIOR TO FINALIZATION

Return Explanation
Reference

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE IS CHARGED WITH OVERSIGHT OF EXECUTIVE COMPENSATION THE COMPEN SATION COMMITTEE, IN CONSULTATION WITH THE BOARD CHAIR, ESTABLISHES PERFORMANCE METRICS FO R THE CEO FOLLOWING THE CLOSE OF THE YEAR, THE COMPENSATION COMMITTEE REVIEWS RESULTS TO DETERMINE THE OVERALL LEVEL OF PERFORMANCE A THIRD PARTY COMPENSATION CONSULTANT IS ENGAGED TO REVIEW MARKET COMPENSATION FOR THE CEO AND KEY MANAGEMENT EMPLOYEES THE COMPENSATION NOMMITTEE PROPOSES CHANGES IN COMPENSATION FOR THE CEO BASED ON PERFORMANCE OUTCOMES TO THE BOARD CHAIR FOR APPROVAL BY THE EXECUTIVE COMMITTEE ANY INCREASES IN COMPENSATION FOR KEY MANAGEMENT STAFF ARE PROPOSED BY THE CEO AND APPROVED BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE

Return Explanation
Reference

FORM 990, 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 AVAILABLE UPON REQUEST
LINE 19

Return Explanation
Reference

FORM 990, PART XI, LINE 9

Return Explanation
Reference

FORM 990, PART XII, LINE 2C