DLN: 93493055010480 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable US CIVILIAŇ RESEARCH & DEVELOPMENT □ Address change FOUNDATION 54-1773406 ☐ Name change Doing business as CRDF GLOBAL ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1776 WILSON BOULEVARD NO 300 ☐ Amended return ☐ Application pending (703) 526-9720 City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA  $\,$  22209 G Gross receipts \$ 27,308,715 Name and address of principal officer H(a) Is this a group return for MICHAEL DIGNAM ☐Yes **☑**No subordinates? 1776 WILSON BOULEVARD NO 300 H(b) Are all subordinates ARLINGTON, VA 22209 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)( ) **◄** (Insert no ) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW CRDFGLOBAL ORG L Year of formation 1995 **M** State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities PROMOTING SAFETY, SECURITY, AND SUSTAINABILITY THROUGH SCIENCE AND INNOVATION Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 12 4 12 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) . . . . 6 12 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 16,486,717 24,278,175 Ravenua 2,108,273 9 Program service revenue (Part VIII, line 2g) . 2,332,191 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 547,187 696,342 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 19,142,177 27,306,708 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 5,191,287 4,907,764 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 10,151,750 10,575,500 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 4,386,332 10,191,613 19,729,369 25,674,877 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -587,192 1,631,831 Net Assets or Fund Balances Beginning of Current Year End of Year 60,408,079 46,661,809 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 38,314,654 51,092,246 22 Net assets or fund balances Subtract line 21 from line 20 . 8,347,155 9,315,833 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 Signature of officer Sign Here BRUCE PANKEY CFO Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00369217 Paid self-employed Firm's name RSM US LLP Firm's EIN ► 42-0714325 Preparer Use Only Firm's address ▶ 9801 WASHINGTONIAN BLVD STE 500 Phone no (301) 296-3600 GAITHERSBURG, MD 20878 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page <b>2</b>
Pa	rt III Statement	of Program Ser	vice Accomplis	hments		
	Check If Sche	dule O contains a re	sponse or note to a	any line in this Part III		🗹
1	Briefly describe the o	organization's missio	n			
						IBLE SCIENCE- ENCOURAGES
ENTR	EPRENEURSHIP THAT	SUPPORTS ECONOR	IIC GROWTH,- IMP	ROVES CAPACITY OF IN	DIVIDUAL SCIENTISTS AND	INSTITUTIONS
	Did the organization	undertake anv signi	ficant program serv	vices during the year wh	ıch were not listed on	
	3	, 3				☐ Yes ☑ No
	If "Yes," describe the					
3	•			changes in how it condu	cts, any program	
	services?	<u>-</u> -				. □Yes ☑No
	If "Yes," describe the	ese changes on Sche	dule O			
4		d 501(c)(4) organız	ations are required	to report the amount of	argest program services, as r grants and allocations to oth	
	(Code	) (Expenses \$	5,171,038	including grants of \$	1,767,207 ) (Revenue \$	)
	See Additional Data					
4b	(Code	) (Expenses \$	4,581,249	ıncludıng grants of \$	1,240,277 ) (Revenue \$	)
	See Additional Data					
4c	(Code	) (Expenses \$	4,548,265	ıncludıng grants of \$	536,388 ) (Revenue \$	)
	See Additional Data					
	See Additional Data	Table				
4d	Other program servi	•	,			
	(Expenses \$	5,044,564	ncluding grants of	\$ 1,363,89	92 ) (Revenue \$	2,332,191 )
4e	Total program serv	vice expenses ▶	19,345,1	16		

Form	990 (2018)			Page <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 🥞	1	Yes	
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	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	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III 🥦	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🕏	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported			

	If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	
Ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII 🕏	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🥞	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🔁	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?			

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

(چ

Yes

Yes

Yes

Yes

Yes

Form 990 (2018)

Nο

Nο

No

Nο

Nο

Nο

If "Yes," complete Schedule D, Parts XI and XII 🛸 .

15

16

19

21

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

33

37

Part V

Pai	tiv 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
Ь	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
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			

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

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Statements Regarding Other IRS Filings and Tax Compliance

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

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

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

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

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Page 4

Nο

Nο

Nο

Nο

Nο

Nο

Nο

32

33

34

35a

35b

36

37

38

152

0

1a

Yes

Yes

Form 990 (2018)

solicit any contributions that were not tax deductible as charitable contributions? . . . If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were 

Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

Organizations that may receive deductible contributions under section 170(c).

d If "Yes," indicate the number of Forms 8282 filed during the year . . . .

Sponsoring organizations maintaining donor advised funds.

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** Gross income from other sources (Do not net amounts due or paid to other sources 

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?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

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

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

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

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?

If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Yes

Yes

Nο

No

No

7a

7b

7с

7e

7f

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

7d |

10a

10b

11a

11b

12b

13b

13c

Page 6

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "National Sea, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	lo" resp	onse to	lines
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 1	2		
	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  1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	n 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	l
Ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revent	ie Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	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			
17	List the States with which a copy of this Form 990 is required to be filed  AK , AL , AR , AZ , CA , CO , CT , DC , FL , MA , MD , ME , MI , MS , MN , MO , NC , OH , OK , OR , PA , RI , SC , TN , UT , V	ND, N.	J, NH,	NM, NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website 🗹 Another's website 🗹 Upon request 🔲 Other (explain in Schedule O)			

policy, and financial statements available to the public during the tax year

20

State the name, address, and telephone number of the person who possesses the organization's books and records BRUCE PANKEY CFO 1776 WILSON BOULEVARD NO 300 ARLINGTON, VA 22209 (703) 526-9720

.........

(7) DR KAREN HOLBROOK

(8) RAYMOND R JOHNSON

(9) DR RAYMOND ORBACH

(10) DR SUSAN RAYMOND

(11) DR MAXINE SAVITZ

(12) DR HASSAN VIRJI

(13) MICHAEL DIGNAM

CEO & PRESIDENT

(14) DEBRA SOTELO

(15) TINA DOLPH

CHIEF STRATEGY OFFICER

VP OF OPERATIONS SUPPORT

(16) SHAWN WHEELER

(17) SIRI OSWALD

VP OPERATIONS

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

MEMBER

Part VII

0

0

0

0

0

0

0

0

0

392,518

194,293

180,558

232,174

178,963

0

0

0

0

0

40,965

31.749

9,956

32,161

16.132

Form 990 (2018)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest

compensated employees, and former such p	persons				
Check this box if neither the organization	on nor any related o	rganization compensated any c	urrent officer, dire	ector, or trustee	
(A)	(B)	(C)	(D)	(E)	
Name and Title	Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	a
	Tor related	ᅵᅌᆿᅵᅟᅵᄋᆝᅔᆝᅊᅩ띠ᆔᅵ	( VV - 2/1099-	(00-2/1099-	١٢

Check this box if neither the organizat	on nor any related or	rganization compensated any o	current officer, dire	ector, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	
	for related organizations below dotted line)		(W- 2/1099- MISC)	(W- 2/1099- MISC)	

<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	pers	an òn son is	e bo botl	t che x, u n an	nless de Highest compensat	er	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	4 50					Ě				
(1) PAUL LONGSWORTH CHAIR	4 50	×		×				0	0	0
(2) DR RODNEY NICHOLS	4 50	v		v				0	0	0

		lai trustee tor	ional Trustee		ployee	compensated			
(1) PAUL LONGSWORTH CHAIR	4 50	×		×			0	0	0
(2) DR RODNEY NICHOLS VICE-CHAIR THRU 08/2018	4 50	×		x			0	0	0
(3) CATHERINE MANNICK TREASURER	4 00	х		х			0	0	0
(4) DR ANNE C PETERSEN	4 00	v		v			0	0	0

2) DR RODNEY NICHOLS /ICE-CHAIR THRU 08/2018	4 50	×	х		o	0	o
3) CATHERINE MANNICK	4 00	Х	х		0	0	0
TREASURER							
4) DR ANNE C PETERSEN	4 00	X	X		0	C	0
SECRETARY		,,			Ŭ		
5) DR E WILLIAM COLGLAZIER	2 00	<			0	0	

		1	I		ı			
(4) DR ANNE C PETERSEN SECRETARY	4 00			x		0	0	C
(5) DR E WILLIAM COLGLAZIER	2 00	l 🗸				0	0	C
MEMBER		_ ^					0	
(6) DR TOMAS DIAZ DE LA RUBIA	2 00							

2 00

2 00

2 00

2.00

2 00

2 00

40.00

40 00

40 00

40 00

40 00

Х

Х

Х

Х

Х

Form 990 (2018) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII

(E) (F) (A) (B) (C) (D) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization (Worganizations from the for related 2/1099-MISC) (W-2/1099organization and Individual trustee or director Officer Former Highest compensated employee organizations MISC) related Institutional below dotted organizations employee line) Trustee (18) EIDAR IMANVERDIYEV 40.00 Х 0 27,871 135,243 ·......... DIR, BUSINESS DEVELOPMENT (19) PHILLIP STARLING Χ 144,574 0 30,986 DIRECTOR OF QUALITY MANAGE (20) ANDREI PINTO Χ 129,450 Ω 26,364 FINANCE DIRECTOR (21) MATTHEW J APTAKER (62) 0 Х 133,760 17,688 QUALITY DIRECTOR (22) KHALED BAKLEH 124,125 19,056 DIRECTOR, CSPA • c Total from continuation sheets to Part VII, Section A . • 1.845.658 252.928 d Total (add lines 1b and 1c) . . . . . . . . . . Total number of individuals (including but not limited to those listed above) who received more than \$100,000 2 of reportable compensation from the organization ▶ 20 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . . . . . 5 Nο Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

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

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

(B)

Description of services

STRATEGIC PLANNING

CONSULTING

(C)

Compensation

Form 990 (2018)

120,000

(A)

Name and business address

compensation from the organization > 1

SEAN WRIGHT.

4452 KRAFT AVENUE

STUDIO CITY, CA 91602

	VIII Statement of	Revenue								rage <b>3</b>
	Check if Schedu		respo	onse or note to a	any line in	this Part VIII				🗆
						(A) revenue	(E Relate exer func reve	ed or mpt tion	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a Federated campaig	ns	1a				reve	inue		512 - 514
nts Ints	<b>b</b> Membership dues	Ļ	1b		_					
ora nou	c Fundraising events	Ļ.	1c		_					
Contributions, Giffs, Grants and Other Similar Amounts	d Related organization	L	1d		_					
	e Government grants (c	L	1e	23,325,47	<u> </u>					
3. E	f All other contributions	Ĺ	16	23,323,17	<del>-</del>					
10 Z	and similar amounts n	ot included	1f	952,70	15					
a t	g Noncash contribution	ons included			_					
	in lines 1a - 1f \$ _		19	2,881						
2 5	<b>h Total.</b> Add lines 1a	-1f		•		24,278,175				
ı				Busine	ess Code					
P. L.	2a SOLUTIONS SERVICES				900099	2,3	332,191	2,332,	191	
æ	h —									
AC to	c —		_							
Ser.	u									
E	e ————		_							
Program Service Revenue	<b>f</b> All other program se	ervice revenue			222 101	<u> </u>				I
Ğ	<b>gTotal.</b> Add lines 2a-2	2f		<b>&gt;</b>	2,332,191	•				
	3 Investment income (i			interest, and oth		698,34	9			698,349
	similar amounts) .  4 Income from investm			and proceeds	<b>&gt;</b>		1			
	<b>5</b> Royalties				•					
	,	(ı) Real		(II) Personal						
	<b>6a</b> Gross rents									
	<b>b</b> Less rental expenses				_					
	c Rental income or (loss)									
	<b>d</b> Net rental income o	r (loss)			<b>-</b> -					
		(ı) Securiti		(II) Other						
	7a Gross amount from sales of									
	assets other than inventory									
	<b>b</b> Less cost or other basis and			2	,007					
	sales expenses  C Gain or (loss)			-2	,007					
	<b>d</b> Net gain or (loss)			<u>'</u>	<u> </u>	-2,00	7			-2,007
	8a Gross income from f	undraising eve								
Other Revenue	(not including \$ contributions reporte		of							
Ş.	See Part IV, line 18		а							
æ	<b>b</b> Less direct expense		b							
her	c Net income or (loss)		_	ents •	•		-			
ŏ	9a Gross income from g See Part IV, line 19	· · ·	=5							
			а							
	<b>b</b> Less direct expense		Ь							
	c Net income or (loss)  10aGross sales of invent		activit	iles •	•					
	returns and allowand									
			а							
	<b>b</b> Less cost of goods s		b							
	C Net income or (loss)  Miscellaneous		invent	tory ► Business Cod						
	11a	THE FORME		Buomess cou						
	ь									
	с									
	d All other revenue .									
	e Total. Add lines 11a			•						
	12 Total revenue. See	Instructions			$\Box$					
				- ,		27,306,70	8	2,332,191		0 696,342 Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all co	_		. ,	
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> ⊔</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,027,483	1,027,483		
2 Grants and other assistance to domestic individuals See Part IV, line 22	810,273	810,273		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	3,070,008	3,070,008		
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,706,189	774,079	932,110	
<b>6</b> 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	7,466,142	4,714,428	2,751,714	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	325,947	220,368	105,579	
9 Other employee benefits	459,426	310,611	148,815	
<b>10</b> Payroll taxes	617,796	417,682	200,114	
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	24,232	3,764	20,468	
c Accounting	139,209	5,898	133,311	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	122,338		122,338	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	296,828	50,074	246,754	
12 Advertising and promotion	39,687		39,687	
13 Office expenses	516,921	223,480	293,441	
14 Information technology	49,374	938	48,436	
15 Royalties				
<b>16</b> Occupancy	1,738,384	1,159,375	579,009	
<b>17</b> Travel	3,531,369	3,398,680	132,689	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,466,831	1,425,215	41,616	
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	521,278	347,654	173,624	
23 Insurance	92,755		92,755	
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 PROCUREMENT OF GOODS	998,219	998,219		
b TRAINING & STAFF DEVELO	124,584	27,260	97,324	
c DUES & SUBSCRIPTIONS	108,611	42,158	66,453	
d PANEL REVIEW	93,790	93,790		
e All other expenses	327,203	223,679	103,524	
25 Total functional expenses. Add lines 1 through 24e	25,674,877	19,345,116	6,329,761	0

Form **990** (2018)

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)

Form	1 990	(2018)					Page <b>11</b>
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		( <b>B)</b> End of year
	1	Cash-non-interest-bearing			4,588	1	5,840
	2	Savings and temporary cash investments		[	7,268,104	2	17,305,917
	3	Pledges and grants receivable, net			27,000	3	
	4	Accounts receivable, net			3,414,126	4	6,064,430
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	ated er	nployees Complete		5	
ş	6	Loans and other receivables from other disqualities 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			
As	8	Inventories for sale or use	•	144 000	8	200 744	
	9	Prepaid expenses and deferred charges		, ' ' ⊢	141,289	9	293,741
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	6,099,507			
	ь	Less accumulated depreciation	<b>10</b> b	4,870,106	1,431,893	<b>10</b> c	1,229,401
	11	Investments—publicly traded securities .			34,340,348	11	35,448,876
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		[	34,461	15	59,874
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	46,661,809	16	60,408,079
	17	Accounts payable and accrued expenses			2,594,778	17	2,538,407
	18	Grants payable		29,188,906	18	40,894,021	
	19	Deferred revenue			4,499,208	19	5,900,810
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	

1	3 Investments—program-related See Part IV, line 11		13	
1	4 Intangible assets		14	
1	5 Other assets See Part IV, line 11	34,461	15	59,874
1	6 Total assets.Add lines 1 through 15 (must equal line 34)	46,661,809	16	60,408,079
1	7 Accounts payable and accrued expenses	2,594,778	17	2,538,407
1	8 Grants payable	29,188,906	18	40,894,021
1	9 Deferred revenue	4,499,208	19	5,900,810
2	O Tax-exempt bond liabilities		20	
	1 Escrow or custodial account liability Complete Part IV of Schedule D		21	
i <u>H</u>	Loans and other payables to current and former officers, directors, trustees,			

	1/	Accounts payable and accrued expenses	2,594,776	1/	2,536,407
	18	Grants payable	29,188,906	18	40,894,021
	19	Deferred revenue	4,499,208	19	5,900,810
	20	Tax-exempt bond liabilities		20	
S.	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)  Complete Part X of Schedule D	2,031,762	25	1,759,008

nces	27	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	5 263 984	27	6 159 732
	26	Total liabilities.Add lines 17 through 25	38,314,654	26	51,092,246
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	2,031,762	25	1,759,008
	24	Unsecured notes and loans payable to unrelated third parties		24	
<b>–</b>	23	Secured mortgages and notes payable to unrelated third parties		23	
Liabil		persons Complete Part II of Schedule L		22	
ilit		key employees, highest compensated employees, and disqualified			

Balances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	5,263,984	27	6,159,732
Bal	28	Temporarily restricted net assets	3,083,171	28	3,156,101
		Permanently restricted net assets		29	
	29	Organizations that do not follow SFAS 117 (ASC 958),			
_ ≒		check here ▶ □ and complete lines 30 through 34.			

30

31

32

33

34

9,315,833

60,408,079 Form **990** (2018)

8,347,155

46,661,809

Capital stock or trust principal, or current funds . . . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances .

Total liabilities and net assets/fund balances

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

Net Assets or

30

31

32

33

34

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b Yes

## **Additional Data**

Software ID: Software Version:

**EIN:** 54-1773406

FOUNDATION

Form 990 (2018)

Form 990, Part III, Line 4a:

Name: US CIVILIAN RESEARCH & DEVELOPMENT

CHEMICAL SECURITY STRENGTHENING CHEMICAL SECURITY BY IDENTIFYING AND MITIGATING RISKS OF CHEMICALS AND WEAPONS-RELATED ASSETS THROUGH WORKING WITH SCIENTISTS, ENGINEERS, REGULATORS, EMERGENCY RESPONDERS AND LAW ENFORCEMENT PERSONNEL WORLDWIDE

Form 990, Part III, Line 4b: BIO SECURITY STRENGTHEN BIOSECURITY GLOBALLY THROUGH PREVENTION, DETECTION AND RESPONSE TO NATURAL AND NEFARIOUS BIOLOGICAL EMERGENCIES WE DO THIS THROUGH RISK DETECTION AND MITIGATION, HUMAN CAPACITY BUILDING, PHYSICAL SECURITY UPGRADES, AND INFECTIOUS DISEASE CONTROL

## Form 990, Part III, Line 4c: NUCLEAR SECURITY STRENGTHENING NUCLEAR AND BORDER SECURITY BY IDENTIFYING AND MITIGATING RISKS OF NUCLEAR AND WEAPONS-RELATED ASSETS. THROUGH WORKING WITH SCIENTISTS, ENGINEERS, REGULATORS, EMERGENCY RESPONDERS AND LAW ENFORCEMENT PERSONNEL WORLDWIDE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

/6	\ /F +		\ /B +										
others, the total expenses, and revenue, if any, for each program service reported.													
			t the amount of grants and anota										

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

(Code ) (Expenses \$ 3,865,681 including grants of \$ 1,280,837 ) (Revenue \$ HEALTH, RESEARCH AND INNOVATION

(Code (Expenses \$ including grants of \$ 28,799 ) (Revenue \$ 1.098,979 2,332,191 )

SOLUTIONS SERVICES

ı	Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)	
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	

section solicity and (4) organizations and 4347 (a)(1) trusts are required to report the amount or grants and anotations to
others, the total expenses, and revenue, if any, for each program service reported.
others, the total expenses, and revenue, if any, for each program service reported.

(Code ) (Expenses \$ including grants of \$ 54,256 ) (Revenue \$ 79,904

OTHER PROGRAMS

етне	GKA	APHIC prii	nt - DO NOT	PROCESS	As Filed Data -			DLN: 9	3493055010480
SCF	IFD	ULE A		Dublic (	Charity Statu	e and Bul	blic Supp	ort	OMB No 1545-0047
For	n 990				ganization is a sect				2018
90E	Z)				4947(a)(1) nonexe  ▶ Attach to Form				2010
eparti	nent of	the Treasury		► Go to	www.irs.gov/Form				Open to Public
ame	of th	<sub>ue Service</sub> ne organiza						Employer identific	Inspection ation number
	ILIAN I ATION		DEVELOPMENT					54-1773406	
Pai	tΙ	Reason	for Public Ch	arity Statu	ıs (All organization	s must comple	te this part.) S		
ne o	ganız	ation is not	a private founda	ation because	it is (For lines 1 thro	ough 12, check o	nly one box )		
1		A church, c	onvention of ch	urches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	П	A school de	scribed in <b>sect</b> i	ion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3		A hospital o	or a cooperative	hospital serv	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4			•	•	ed in conjunction with			•	nter the hospital's
•	Ш	name, city,		ation operate	ed in conjunction with	a nospital descri	ibed iii <b>sectioii</b> .	170(D)(1)(A)(III). E	nter the nospitars
5		-	ation operated f (iv). (Complete		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local go	overnment or	governmental unit de	escribed in <b>sectio</b>	on 170(b)(1)( <i>A</i>	۸)(v).	
7	<b>✓</b>		ation that norma 'O(b)(1)(A)(vi		a substantial part of it Part II )	s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust describe	ed in <b>section</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
0		from activit	ies related to it income and un	s exempt fun related busin	(1) more than 331/39 ctions—subject to cer ess taxable income (le mplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its si	ipport from gross
1	П	•			exclusively to test fo	r public safety S	See section 509	(a)(4).	
2					exclusively for the be lescribed in <b>section 5</b>				
		ın lines 12a	through 12d th	nat describes	the type of supporting	g organization ar	nd complete lines	12e, 12f, and 12g	
a		organizatio		to regularly a	ated, supervised, or coposition or compount or elect a major				
b		<b>Type II.</b> A manageme	supporting orga nt of the suppoi	anızatıon sup rtıng organıza	ervised or controlled i ation vested in the sar				
С		Type III f		egrated. A s	and C. Supporting organizatio ons) You must com				ited with, its
d		Type III n	on-functionall	<b>ly integrate</b> d e organization	d. A supporting organ n generally must satis	Ization operated fy a distribution	in connection wi requirement and	th its supported orgai	
e		Check this	box if the organ	nization receiv	<b>t IV, Sections A and</b> red a written determin	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		or Type III non of supported o		integrated supporting	organization			
g				-	pported organization(	'e)			
		lame of supp organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org	anızatıon listed ıng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
									1
							1		

supported organization

instructions

(b)(1)(A)(ix)

Page 2

	(Complete only if you ch						o qualif	y under Part
_	III. If the organization f	alls to quality uni	der the tests list	ed below, please	e complete Part	111.)		
3	ection A. Public Support  Calendar year						$\overline{}$	
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 20:	18	(f) Total
_	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	21,608,641	22,468,104	18,481,896	16,486,717	24,2	278,175	103,323,53
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
_	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	21,608,641	22,468,104	18,481,896	16,486,717	24,2	78,175	103,323,53
	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							
5	(f) <b>Public support.</b> Subtract line 5 from line 4							103,323,53
S	ection B. Total Support	<u>'</u>	<u>'</u>	<u>'</u>	<u> </u>			
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	<b>(e)</b> 201	18	(f)Total
_	(or fiscal year beginning in) ▶							
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on	21,608,641	22,468,104	18,481,896	16,486,717	24,2	278,175	103,323,53
	securities loans, rents, royalties and income from similar sources	305,642	143,357	412,322	550,439	6	598,349	2,110,10
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	<b>Total support.</b> Add lines 7 through 10							105,433,64
	Gross receipts from related activities,					12		10,438,75
13	First five years. If the Form 990 is for	or the organization'	s fırst, second, thu	rd, fourth, or fifth	tax year as a sect	ion 501(c)	(3) orga	nization,
	check this box and $\boldsymbol{stop\ here}\ \boldsymbol{.}\ \boldsymbol{.}\ \boldsymbol{.}$						. ▶ 🗆	
S	ection C. Computation of Publi							
14	Public support percentage for 2018 (li	ne 6, column (f) dı	vided by line 11, co	olumn (f))		14		98 000 %
15	Public support percentage for 2017 Sc	hedule A, Part II, l	ine 14			15		98 450 %
16a	33 1/3% support test—2018. If the	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, che	ck this b	юх
	and <b>stop here.</b> The organization qual <b>33 1/3% support test—2017.</b> If the	ifies as a publicly s	upported organizat	tion				▶ ☑
17a	box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances tes</b> is 10% or more, and if the organization Part VI how the organization meets	t— <b>2018.</b> If the org	anization did not c and-circumstance	theck a box on line s" test, check this	box and stop her	r <b>e.</b> Explain	1	<b>▶</b> ⊔
b	organization  10%-facts-and-circumstances tell 15 is 10% or more, and if the organic Explain in Part VI how the organization	zation meets the "f	acts-and-circumsta	ances" test, check	this box and stop	here.		▶□
	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

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	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 The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,(	• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 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

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 ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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

3а 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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

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 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.

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

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

9с

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

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,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

P	art IV	Supporting Organizations (continued)			
				Yes	No
11	. Has tl	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the rning body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
		B. Type I Supporting Organizations			
				Yes	No
1	elect <b>VI</b> ho organ truste	ne directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part</b> tow the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the nization had more than one supported organization, describe how the powers to appoint and/or remove directors or ses were allocated among the supported organizations and what conditions or restrictions, if any, applied to such ris during the tax year.			
_	Б. 4 44		1		
2	opera <i>carrie</i>	ne organization operate for the benefit of any supported organization other than the supported organization(s) that ited, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit in a controlled the supported organization(s) that operated, supervised or controlled the supporting inization	2		
_	costion	C. Type II Supporting Organizations			
	ection	c. Type 11 Supporting Organizations		Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the		163	140
	suppo	orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	Section	D. All Type III Supporting Organizations			
				Yes	No
1	tax ye Form	ne organization provide to each of its supported organizations, by the last day of the fifth month of the organization's ear, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing ments in effect on the date of notification, to the extent not previously provided?			
			1		
2	(s) or	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization tained a close and continuous working relationship with the supported organization(s)			
			2		
3	organ	ason of the relationship described in (2), did the organization's supported organizations have a significant voice in the lization's investment policies and in directing the use of the organization's income or assets at all times during the tax If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
9	Section	E. Type III Functionally-Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons)		
	a 🖂	The organization satisfied the Activities Test Complete line 2 below	•		
	ь 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below			
	c 🗆	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	ınstru	ctions)	
2	Activi	ties Test Answer (a) and (b) below.		Yes	No
	suppo <b>orgai</b> respo	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was nsive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities	2a		
	organ <i>organ</i>	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of the inzation's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the inzation's position that its supported organization(s) would have engaged in these activities but for the organization's rement	21		
3		t of Supported Organizations Answer (a) and (b) below.	2b		
3	a Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	<b>b</b> Did th	upported organizations? Provide details in <b>Part VI.</b> ne organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	suppo	orted organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard			

Sche	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		

•	income or for management, conservation, or maintenance of property held for production of income (see instructions)			
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	<b>1</b> b		
- 0	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see			

			(optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	<b>1</b> b	
С	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	

**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7

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. . . . .

**d** Excess from 2017. e Excess from 2018.

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

# **Additional Data**

# Software ID: Software Version:

**EIN:** 54-1773406

lame: US CIVILIAN

Name: US CIVILIAN RESEARCH & DEVELOPMENT FOUNDATION

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

instructions)
Facts And Circumstances Test

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

(Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

DLN: 93493055010480

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** US CIVILIAN RESEARCH & DEVELOPMENT FOUNDATION 54-1773406 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 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 7 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) 8 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 elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Assets included in Form 990, Part X

Par	t III	Organizations Maintaining	Collections of	of Art, Histor	ical Tr	easures	, or Other	Similar Ass	ets (co	ntınued)	
3		the organization's acquisition, acc (check all that apply)	ession, and othei	records, check	any of	the followi	ng that are a	significant use	e of its c	ollection	
а		Public exhibition		d		Loan or e	xchange prog	ırams			
b		Scholarly research		е		Other					
С		Preservation for future generation	s								
4		de a description of the organization		d explain how th	ney furth	er the org	anızatıon's ex	kempt purpose	ın :		
5	Part )	XIII ng the year, did the organization so	ligit on receive de	nations of art.	h.ctor.co	l +====::===	or other cine	ulan			
5		is to be sold to raise funds rather th							Yes	□ No	
Pa	rt IV	Escrow and Custodial Arra Complete if the organization X, line 21.		" on Form 99	0, Part	IV, line 9	, or reporte	ed an amoun	t on Fo	rm 990, Part	
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	istodian or other	intermediary fo	r contrib	outions or	other assets	r	Yes	□ No	
b	If "Y€	es," explain the arrangement in Par	t XIII and compl	ete the following	g table			Am	ount		
С	Begir	nning balance					1c				
d	Addıt	ions during the year					1d				
е	Dıstrı	butions during the year					1e				
f	Endın	ng balance					1f				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?											
b	If "Y∈	es," explain the arrangement in Par	t XIII Check her	e if the explana	tion has	been prov	ıded ın Part )	кпи [			
Pa	art V	Endowment Funds. Comple	ete if the organ	ization answe	red "Ye			· · · · · · · · · · · · · · · · · · ·			
_	_		(a)Currer	nt year (b)	Prior year	<b>(c)</b> Tv	vo years back	(d)Three years	back (e	e)Four years back	<u> </u>
	-	ning of year balance				_			-		_
		outions									_
		vestment earnings, gains, and losse	es								_
		or scholarships				_			-+		_
е		expenditures for facilities ograms									_
f	Admını	istrative expenses							$\rightarrow$		_
g	End of	year balance									_
2 a		de the estimated percentage of the d designated or quasi-endowment <b>i</b>	•	d balance (line 1	Lg, colur	nn (a)) he	ld as				
b	Perm	anent endowment ►									
c	Temp	orarily restricted endowment >									
Ĭ	•	ercentages on lines 2a, 2b, and 2c	should equal 10	0%							
За		here endowment funds not in the p nization by	ossession of the	organization tha	at are he	eld and adı	ministered fo	r the		Yes No	_
	(i) uı	nrelated organizations							3a(	i)	_
b		elated organizations	zations listed as i	 required on Sch	edule R				3a(i 3b	-	-
4	Desci	ribe in Part XIII the intended uses o	of the organizatio	n's endowment	funds						_
Pa	rt VI	Land, Buildings, and Equip									_
		Complete if the organization				<del></del>					
	Descri		or other basis vestment)	(b) Cost or othe	er dasis (d	tner) (c)	Accumulated of	lepreciation	(a)	Book value	
<b>1</b> a	Land										_
b	Buildin	gs									_
c	Leaseh	nold improvements			1,72	3,372		1,016,678		706,6	594
d	Equipn	nent			3,78	4,480		3,357,171		427,3	309
	Other					1,655		496,257		95,:	398
Tota	al. Add	lines 1a through 1e (Column (d) m	ust equal Form 9	90, Part X, colu	ımn (B),	line 10(c)	)	<b>&gt;</b>		1,229,4	101

Part VII Investments—Other Securities. Complete if th See Form 990, Part X, line 12.			,
(a) Description of security or category (including name of security)	(b) Book value		of valuation vear market value
(1) Financial derivatives			
2) Closely-held equity interests	· · ·		
A)			
В)			
C)			
D)			
E)			
F)			
G)			
H)			
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>		
Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on F	orm 990. Part IV. line	11c. See Form 990. P	art X. line 13.
(a) Description of investment	(b) Book value	(c) Method	of valuation
1)		COSE OF ENG-OF-	vear market value
(2)			
(3)			
4)			
5)			
6)			
7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered		V, line 11d See Form 99	
9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered  (a) Description	'Yes' on Form 990, Part I	V, line 11d See Form 99	0, Part X, line 15 (b) Book value
9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered  (a) Description  1)	'Yes' on Form 990, Part I	V, line 11d See Form 99	
Part IX Other Assets. Complete if the organization answered  (a) Description  (2)	'Yes' on Form 990, Part I	V, line 11d See Form 99	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered  (a) Description  1)  2)	'Yes' on Form 990, Part I	V, line 11d See Form 99	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered  (a) Description  1)  2)  3)  4)	'Yes' on Form 990, Part I	V, line 11d See Form 99	
otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)	'Yes' on Form 990, Part I	V, line 11d See Form 99	
Otal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered  (a) Description  1)  2)  3)  4)  5)	'Yes' on Form 990, Part I	V, line 11d See Form 99	
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered  (a) Description  1)  2)  3)  4)  5)  6)	'Yes' on Form 990, Part I	V, line 11d See Form 99	
Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)	'Yes' on Form 990, Part I	V, line 11d See Form 99	
Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)  7)	'Yes' on Form 990, Part I	V, line 11d See Form 99	
Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	'Yes' on Form 990, Part I		(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered (a) Description  1)  8  90  Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization and See Form 990, Part X, line 25.	'Yes' on Form 990, Part I		(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered (a) Description  1)  Part X Other Liabilities. Complete if the organization answered (a) Description  1)  Other Liabilities. Complete if the organization and See Form 990, Part X, line 25.  1. (a) Description of liability	'Yes' on Form 990, Part I		(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description  (b) Description  (c) Description  (c) Description  (d) Description  (e) Description  (e) Description  (f) Description  (g) Description of liability  (g) Description of liability  (g) Description of liability  (g) Description of liability	'Yes' on Form 990, Part I		(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. Complete if the organization answered (a) Description (a) Description (b) Inc. (a) Description (b) Inc. (b) Inc. (c) Inc.	'Yes' on Form 990, Part I	990, Part IV, line 116	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered  (a) Description  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization and See Form 990, Part X, line 25.  1. (a) Description of liability  1) Federal income taxes  DEFERRED RENT  2)  3)	'Yes' on Form 990, Part I	990, Part IV, line 116	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered  (a) Description  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  1. (a) Description of liability  1) Federal income taxes  DEFERRED RENT  2)  3)  4)	'Yes' on Form 990, Part I	990, Part IV, line 116	(b) Book value
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered  (a) Description  1)  2)  3)  4)  5)  6)  7)  8)  9)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.  1. (a) Description of liability  1) Federal income taxes  DEFERRED RENT  2)  3)  4)	'Yes' on Form 990, Part I	990, Part IV, line 116	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered  (a) Description  1)  2)  3)  4)  5)  6)  7)  8)  9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization as See Form 990, Part X, line 25.  1. (a) Description of liability  1) Federal income taxes  DEFERRED RENT  2)  3)  4)  5)	'Yes' on Form 990, Part I	990, Part IV, line 116	(b) Book value
Part IX Other Assets. Complete if the organization answered (a) Description  (a) Description  (b) must equal Form 990, Part X, col (B) line 13 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) must equal Form 990, Part X, col (B) line 15 (Column (b) Form 990, Part X, line 25.  (a) Description of liability  (b) Federal income taxes  (c) Deferred RENT  (d) Description of liability  (d) Description of liability  (e) Description of liability  (f) Federal income taxes  (f) Federal income taxes  (f) Federal income taxes	'Yes' on Form 990, Part I	990, Part IV, line 116	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description (1)  2)  3)  4)  5)  Formal Marketine See Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization and See Form 990, Part X, line 25.  1. (a) Description of liability (1) Federal income taxes  DEFERRED RENT (2)  3)  4)  5)	'Yes' on Form 990, Part I	990, Part IV, line 116	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. Complete if the organization as See Form 990, Part X, line 25.	'Yes' on Form 990, Part I	990, Part IV, line 116	(b) Book value

Part XI

2

c 5

1

2

c

d

3 4

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2018

Page 4

-663,153

120,331

27,306,708

25,554,546

2,007

25,552,539

122,338

25.674.877

Schedule D (Form 990) 2018

27,186,377

_	bollated services and ase of facilities	•	
c	Recoveries of prior year grants		
а	Other (Describe in Part VIII.)		

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

Add lines 2a through 2d . . . . . . . е

2d

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

3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

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

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

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

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

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

Other (Describe in Part XIII ) . . . . . . Add lines **4a** and **4b** . . . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue 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

4a 4b

> 2a 2b

2c

2d

4a

4b

Explanation

2a

2b 2c

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

122,338 -2,007

2,007

122,338

-663.153

4c

2e

3

4c

5

2e

3

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

Schedule D (Forn	n 990) 2018	Page <b>5</b>
Part XIII	Supplemental Info	ormation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2018

# Additional Data

Software Version:

Software ID:

**EIN:** 54-1773406

Name: US CIVILIAN RESEARCH & DEVELOPMENT

FOUNDATION

Explanation

Y, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX POSITIONS BY TAX AUTHORI

Supplemental Information Return Reference

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(

TIES FOR YEARS BEFORE 2015

PART X, LINE 2 3) OF THE INTERNAL REVENUE CODE IN ADDITION, THE FOUNDATION QUALIFIES FOR CHARITABLE CONT RIBUTION DEDUCTIONS AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUND. ATION BUSINESS INCOME WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS , IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. THE FOUNDATION HAD NO SIGNIFICAN T NET UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017 THE FOUNDA TION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKEL Y THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BA SED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREAT ER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE FOUNDATION HAD NO S UCH POSITIONS RECORDED IN THE FINANCIAL STATEMENTS AT DECEMBER 31, 2018 AND 2017 GENERALL

Supplemental Information	upplemental Information				
Return Reference	Explanation				
PART XI, LINE 4B - OTHER ADJUSTMENTS	REALIZED LOSS ON CURRENCY RECLASSED TO STMT OF REVENUE -2,007				

pplemental Information						
Return Reference	Explanation					
ART XII, LINE 2D - OTHER DJUSTMENTS	REALIZED LOSS ON CURRENCY RECLASSED TO STMT OF REVENUE 2,007					

Sι

	NOT PROCESS	As Filed Data -	•		DLN:	93493055010480
SCHEDULE F Form 990)	Statement of	Activities (	Outside the Uni	ted State	s	OMB No 1545-0047
	Complete if the organ	olete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  ▶ Attach to Form 990.				
Department of the Treasury nternal Revenue Service	► Go to www.irs	. <i>gov/Form</i> 990 for II	nstructions and the latest in	nformation.		Open to Public Inspection
lame of the organization JS CIVILIAN RESEARCH & DEVEL OUNDATION	OPMENT				<b>oyer iden</b> '73406	tification number
<b>General Informa</b> Form 990, Part IV		s Outside the U	<b>Inited States.</b> Comple	te if the organ	iization a	nswered "Yes" to
1 For grantmakers. Does	=			=	nd	
other assistance, the grar to award the grants or as		the grants or assis	stance, and the selection	criteria used		✓ Yes 🗆 No
2 For grantmakers. Descr outside the United States	•	ganization's proce	dures for monitoring the	use of its gran	ts and oth	ner assistance
<b>3</b> Activites per Region (The f	ollowing Part I, line 3	table can be dupli	cated if additional space is	needed )		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity lister program service, specific typ service(s) in i	, describe e of	(f) Total expenditures for and investments in region
See Add'l Data						
3a Sub-total		3 28				6,656,483
<ul> <li>b Total from continuation shee Part I</li> <li>c Totals (add lines 3a and 3b</li> </ul>		3 28				463,712 7,120,195
c rotats tadd lines 3a and 3b	<i>)</i>	ગ 28				/,120,195

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . . 

Page **3** Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

(a) Type of grant or assistance	(b) Region	(c) Number of	(d) Amount of	(e) Manner of cash	(f) Amount of	(g) Description	(h) Method of
		recipients	cash grant	disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV, appraisal, other)
See Add'l Data							

Sche	dule F (Form 990) 2018		Page <b>4</b>
Par	rt IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐Yes	<b>✓</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	□Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>✓</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	□Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	<b>✓</b> Yes	□No

Schedule F (F	orm 990) 2018 Page <b>5</b>
	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Return Reference	Lile F, Supplemental Information  Explanation

MANAGING DONOR AUDITS, INTERNAL REVIEWS, FREQUENT STAFF TRAINING AND KNOWLEDGE TESTING, ROTATION OF STAFF AND PROMOTION OF BEST PRACTICES IN LINE WITH THE COSO MODEL

## **Additional Data**

MIDDLE EAST AND NORTH

RUSSIA AND NEIGHBORING

AFRICA

STATES

## Software ID: Software Version:

**EIN:** 54-1773406

Name:

US CIVILIAN RESEARCH & DEVELOPMENT FOUNDATION

Form 00	0 Schedule F	Dart T -	Activities	Outcide	The Un	ited States
irorm 99	o Scheaule F	' Part 1 - 1	Activities	Outside	ine on	liteu States

	Office Production Contract Con											
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region							
			region)									

20 PROGRAM SERVICES

8 PROGRAM SERVICES

PROGRAM SUPPORT AND

OFFICE MANAGEMENT

OFFICE MANAGEMENT

PROGRAM SUPPORT AND

3,705,845

344,342

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (f) Total expenditures (e) If activity listed in (d) offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) CENTRAL AMERICA AND THE 0 RESEARCH & 2.086 CARIBBEAN IDEVELOPMENT SCIENTIFIC GRANTS EAST ASIA AND THE PACIFIC 0 RESEARCH & 218,167 IDEVELOPMENT SCIENTIFIC GRANTS

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) EUROPE (INCLUDING ICELAND 0 RESEARCH & 140.888 & GREENLAND) IDEVELOPMENT SCIENTIFIC GRANTS MIDDLE EAST AND NORTH 0 RESEARCH & 1,867,409 AFRICA IDEVELOPMENT SCIENTIFIC GRANTS

(a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) 0 RESEARCH & 30.325 NORTH AMERICA IDEVELOPMENT SCIENTIFIC GRANTS RUSSIA AND NEIGHBORING 0 RESEARCH & 347,421 STATES IDEVELOPMENT SCIENTIFIC GRANTS

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of agents in region service(s) in region services, grants to region recipients located in the region) 0 RESEARCH & 67.523 SOUTH AMERICA IDEVELOPMENT SCIENTIFIC GRANTS SOUTH ASIA 0 RESEARCH & 264,525 IDEVELOPMENT SCIENTIFIC GRANTS

Form 990 Schedule F Part I - Activities Outside The United States

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or ın region (by type) (i e , is a program service, for region describe specific type of agents in fundraising, program region service(s) in region services, grants to region recipients located in the region) 0 RESEARCH & 131.664 SUB-SAHARAN AFRICA IDEVELOPMENT SCIENTIFIC GRANTS

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount (e) Manner of cash (f) Amount of (a) Description of (h) Method of of cash grant assistance of disbursement non-cash valuation (book. non-cash FMV, appraisal, recipients assistance assistance other) RESEARCH & 2.086 WIRE/ACH/CHECK CENTRAL DEVELOPMENT AMERICA AND

SCIENTIFIC GRANTS THE CARIBBEAN RESEARCH & 126 230.431 WIRE/ACH/CHECK EAST ASIA AND DEVELOPMENT

THE PACIFIC

SCIENTIFIC GRANTS

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
DEVELOPMENT SCIENTIFIC GRANTS	EUROPE (INCLUDING ICELAND & GREENLAND)	49	142,163	WIRE/ACH/CHECK					
DEVELOPMENT	MIDDLE EAST AND NORTH AFRICA	714	1,729,361	WIRE/ACH/CHECK					

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S										
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			
RESEARCH & DEVELOPMENT SCIENTIFIC GRANTS	NORTH AMERICA	10	29,480	WIRE/ACH/CHECK			_			
DEVELOPMENT	RUSSIA AND NEIGHBORING STATES	333	324,012	WIRE/ACH/CHECK						

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (e) Manner of cash (h) Method of (b) Region (c)Number (d) Amount of (f) Amount of (g) Description of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal. other) RESEARCH & 26 67,522 WIRE/ACH/CHECK ISOUTH DEVELOPMENT IAMERICA SCIENTIFIC GRANTS RESEARCH & 119 264,525 WIRE/ACH/CHECK ISOUTH ASIA DEVELOPMENT SCIENTIFIC GRANTS

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (e) Manner of cash (f) Amount of (h) Method of (b) Region (c)Number (d) Amount of (a) Description of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) RESEARCH & 119,073 WIRE/ACH/CHECK SUB-SAHARAN DEVELOPMENT AFRICA SCIENTIFIC GRANTS

DLN: 93493055010480 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number US CIVILIAN RESEARCH & DEVELOPMENT 54-1773406 FOUNDATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

(2) (3) (4)

(6)

(7)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

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

Explanation

Return Reference GRANT AND CONTRACT MANAGEMENT IS PERFORMED BY THE GLOBAL OPERATIONS PROGRAM SUPPORT SERVICES (GOPSS) GOPSS REVIEWS ALL ACTIVITY RELATED TO EACH AWARD. GRANT. CONTRACT THAT CRDF GLOBAL IS CURRENTLY OBLIGATED UNDER THEY SERVE AS A DIRECT INTERFACE WITH FIELD OFFICES,

PART I, LINE 2

(5)

Schedule I (Form 990) 2018

THEIR RISK MITIGATION INCLUDES MULTI-LEVEL INTERNAL REVIEWS OF ALL PAYMENT REOUESTS REGULAR SITE VISITS AND PROJECT AUDITS CLEARLY DEFINED

POLICIES AND PROCEDURES, DETAILED GRANTEE REPORTING REQUIREMENTS, MANAGING DONOR AUDITS, INTERNAL REVIEWS, FREQUENT STAFF TRAINING AND KNOWLEDGE TESTING, ROTATION OF STAFF AND PROMOTION OF BEST PRACTICES IN LINE WITH THE COSO MODEL GOPSS ALSO IMPLEMENTED IN 2008 AN

Page **2** 

## **Additional Data**

Software ID: **Software Version:** 

**EIN:** 54-1773406

Name: US CIVILIAN RESEARCH & DEVELOPMENT FOUNDATION

9,997

overnments. Method of valuation

orm 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Gov
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) M (book
ACUTECH GROUP INC	94-3391875		18,401		

501(C)(3)

86-6051042

1919 GALLOWS ROAD 900

ARIZONA STATE UNIVERSITY

VIENNA, VA 22182

TEMPE, AZ 852802260

FOUNDATION

PO BOX 2260

ook, FMV, appraisal, other)

(q) Description of non-cash assistance (h) Purpose of grant or assistance

RESEARCH & DEVELOPMENT SCIENTIFIC GRANTS RESEARCH &

SCIENTIFIC GRANTS

DEVELOPMENT

(h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

(e) Amount of non-

(f) Method of valuation

(a) Description of

DEVELOPMENT

SCIENTIFIC GRANTS

BOWLING GREEN STATE	34-6402018	501(C)(3)	13,600		RESEARCH &
UNIVERSITY					DEVELOPMENT
BUSINESS OFFICE 319					SCIENTIFIC GRANTS
ADMINISTRATION					
BLDG					
DOMETRIC CREEN OIL 42402					

BOWLING GREEN, OH 43403 CONTROL RISKS GROUP LLC 54-2007787 28.137 RESEARCH &

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

1600 K STREET NW SUITE 700

WASHINGTON, DC 20006

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 15-0532082 501(C)(3) 21.888 RESEARCH & CORNELL UNIVERSITY PO BOX 22 DEVELOPMENT SCIENTIFIC GRANTS

ITHACA, NY 148510022 GLOBAL IMPLEMENTATION 27-0455418 501(C)(3) 25.393 SOLUTIONS 1658 NORTH MILWAUKEE

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

CHICAGO, IL 60662

RESEARCH & DEVELOPMENT SCIENTIFIC GRANTS AVENUE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 27-3700713 21.731 RESEARCH & JCB SCIENTIFIC CONSULTING

SCIENTIFIC GRANTS

LLC DEVELOPMENT 7435 TERRACE DRIVE SCIENTIFIC GRANTS EL CERRITO, CA 94530

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

RUSTON, LA 71272

LOUISIANA TECH UNIVERSITY 72-6000792 501(C)(3) 35.000 RESEARCH & PO BOX 7924 DEVELOPMENT

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance 38-6005984 501(C)(3) 16.760 RESEARCH & MICHIGAN STATE UNIVERSITY CONTRACT GRANT DEVELOPMENT ADMINISTRATION 301 SCIENTIFIC GRANTS

ADMINISTRATION BUILDING EAST LANSING, MI 48824 5,783 MIDDLEBURY INSTITUTE OF 03-0179298 501(C)(3) RESEARCH & INTERNATIONAL STUDIES AT MONTEREY BUSINESS OFFICE 460 PIERCE

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

DEVELOPMENT SCIENTIFIC GRANTS STREET MONTEREY, CA 93940

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

**GRANTS** 

DEVELOPMENT

SCIENTIFIC GRANTS

OLD DOMINION UNIVERSITY PO BOX 6369 NORFOLK, VA 23508	54-6000884	501(C)(3)	8,549		RESEARCH & DEVELOPMENT SCIENTIFIC GR
PURDUE UNIVERSITY	35-6002041	501(C)(3)	15,000		RESEARCH &

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

401 S GRANT STREET WEST LAFAYETTE, IN 47907

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 85-0097942 **GVT** 7.628 RESEARCH & SANDIA NATIONAL LABORATORIES DEVELOPMENT PO BOX 5800 MS-1387 SCIENTIFIC GRANTS

RESEARCH &

DEVELOPMENT

SCIENTIFIC GRANTS

80.981

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

ALBUQUERQUE, NM 87185

SHARPE SOLUTIONS
INTERNATIONAL LLC

1038 16TH AVENUE SOUTH

BIRMINGHAM, AL 35205

46-5091543

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 14-1368361 501(C)(3) 49.982 RESEARCH & STATE UNIVERSITY OF NEW YORK ALBANY DEVELOPMENT SCIENTIFIC GRANTS THE RESEARCH FOUNDATION

DEVELOPMENT

SCIENTIFIC GRANTS

FOR THE ST UNIV OF NY PO BOX 9 ATTN CASH RECEI ALBANY, NY 122010009					JOIL WILL CONTROL
SYRACUSE UNIVERSITY	15-0532081	501(C)(3)	28,750		RESEARCH &

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

SYRACUSE UNIVERSITY 102 ARCHBOLD GYMNASIUM

SYRACUSE, NY 13244

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance TEXAS A & M AGRILIFE 74-6000541 501(C)(3) 37.500 RESEARCH &

SCIENTIFIC GRANTS

THE OUTO STATE HAITVED SITY	31 (03500)	E01(C)(2)	20.250	•		DECEARCILO
RESEARCH PO BOX 10420 COLLEGE STATION, TX 77843						DEVELOPMENT SCIENTIFIC GRANTS

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

COLUMBUS, OH 43210

THE OHIO STATE UNIVERSITY 31-6025986 501(C)(3) 39,250 TRESEARCH & 1960 KENNY ROAD 4TH FLOOR DEVELOPMENT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 81-0666605 **GVT** 36.200 TRANSPORTATION SAFETY IRESEARCH &

DEVELOPMENT

SCIENTIFIC GRANTS

INSTITUTE
6500 S MACARTHUR BLVD
OKLAHOMA CITY, OK 73169

UNIVERSITY OF ARIZONA 74-2652689 501(C)(3) 46,900

RESEARCH &

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

PO BOX 3520

TUCSON, AZ 857223520

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-6036494 501(C)(3) 16,662 RESEARCH & UNIVERSITY OF CALIFORNIA

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

LINIT/EDCITY OF CALLEODNIA	95-6006142	501(C)(3)	25,000		DESEADOU &
DAVIS PO BOX 6989062 WEST SACRAMENTO, CA 95798					DEVELOPMENT SCIENTIFIC GRANTS

UNIVERSITY OF CALIFORNIA 95-6006142 201(C)(3) 25,000 IKESEAKCH & RIVERSIDE DEVELOPMENT 900 UNIVERSITY AVE SCIENTIFIC GRANTS

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

RIVERSIDE, CA 92521

**(b)** EIN

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-6002033 501(C)(3) 23,840 RESEARCH & UNIVERSITY OF MARYLAND

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

LINIVERSITY OF MINNESOTA	41-6007513	501(C)(3)	24 309		DESEADOU &
BALTIMORE 220 ARCH STREET OFFICE LEVEL 2 BALTIMORE, MD 21201					DEVELOPMENT SCIENTIFIC GRANTS

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

MINNEAPOLIS, MN 55485

(b) EIN

RESEARCH & UNIVERSITY OF MINNESOTA 41-600/513 501(C)(3)| 24,309 TWIN CITIES DEVELOPMENT PO BOX 1450 SCIENTIFIC GRANTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 47-0049123 501(C)(3) 38.000 RESEARCH & UNIVERSITY OF NEBRASKA LINCOLN DEVELOPMENT 312 N 14TH STREET SCIENTIFIC GRANTS LINCOLN. NE 68588 56-0791228 501(C)(3) 44.000 RESEARCH & DEVELOPMENT

UNIVERSITY OF NORTH CAROLINA CHARLOTTE RESEARCH COST SCIENTIFIC GRANTS MANAGEMENT 9201 UNIVERSITY CITY BLVD

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

CHARLOTTE, NC 28223

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 59-2976169 40.912 IRESEARCH &

501(C)(3) UNIVERSITY OF NORTH FLORIDA DEVELOPMENT 1 UNF DRIVE SCIENTIFIC GRANTS JACKSONVILLE, FL 32224

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

UNIVERSITY OF TEXAS AUSTIN 74-6000203 501(C)(3) 49.560 RESEARCH & PO BOX 7159 DEVELOPMENT AUSTIN. TX 787137159 SCIENTIFIC GRANTS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance VIRGINIA POLYTECHNIC 54-6001805 501(C)(3) 35,224 RESEARCH & INSTITUTE AND STATE DEVELOPMENT SCIENTIFIC GRANTS UNIVERSITY 300 TURNER STREET NW NORTH END CENTER MC 0312 SUITE 3300

BLACKSBURG, VA 24061 91-6001108 501(C)(3) 19.971 WASHINGTON STATE UNIVERSITY 342 FRENCH ADMINISTRATION

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

PULLMAN, WA 99164

RESEARCH & DEVELOPMENT SCIENTIFIC GRANTS BUILDING PO BOX 641039

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

WATERMARK RISK
MANAGEMENT
INTERNATIONAL LLC
4023 MAPLE AVE SUITE 100

RESEARCH & DEVELOPMENT
SCIENTIFIC GRANTS

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

FAIRFAX, VA 22032

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed	Data	a -	DLN: 934	19305	55010	480
Sch	edule J	Compens	ati	on Information	OM	1B No	1545-0	0047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Complete if the organization a	ensa nsw	ted Employees ered "Yes" on Form 990, Part IV,	line 23.	20	18	}
_	a	▶ At	tach	to Form 990.			to Pul	
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form990</u>	TOF	instructions and the latest inforn	nation.		ectio	
	ne of the organiza CIVILIAN RESEARCH				Employer identificat	ion nu	ımber	
	NDATION	& DEVELOPMENT			54-1773406			
Pa	rt I Questi	ons Regarding Compensation						
							Yes	No
1a		piate box(es) if the organization provided are ection A, line 1a Complete Part III to provid						
		or charter travel		Housing allowance or residence for p				
		companions	片	Payments for business use of persor				
		nification and gross-up payments	片	Health or social club dues or initiation				
	□ Discretion	ary spending account	ш	Personal services (e g , maid, chaufi	eur, cher)			
b		kes in line 1a are checked, did the organizati Il of the expenses described above? If "No,"			ent or reimbursement	1b	Yes	
2		tion require substantiation prior to reimburs			1.2	2	Yes	
	directors, truste	es, officers, including the CEO/Executive Dir	ector	r, regarding the items checked in line	lar			
3		if any, of the following the filing organization EO/Executive Director Check all that apply			e			
		d organization to establish compensation of			n Part III			
	✓ Compensa	ation committee	П	Written employment contract				
			$\overline{\mathbf{V}}$	Compensation survey or study				
		•	$\overline{\checkmark}$	Approval by the board or compensat	ion committee			
4	During the year related organiza	did any person listed on Form 990, Part VII	i, Se	ction A, line 1a, with respect to the fi	ing organization or a			
	_		_					
a b		ance payment or change-of-control payment receive payment from, a supplemental non		fied retirement plan?		4a 4b		No_ No
C	•		•	· ·		4c		No
•	c Participate in, or receive payment from, an equity-based compensation arrangement?  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III							
_		), 501(c)(4), and 501(c)(29) organizati		-				
5		ed on Form 990, Part VII, Section A, line 1a, ontingent on the revenues of	did 1	the organization pay or accrue any				
а	The organization	1?				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, ontingent on the net earnings of	dıd I	the organization pay or accrue any				
а	The organization					6a		No
b	Any related orga					6b		No
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A, line 1a, escribed in lines 5 and 6? If "Yes," describe i			I	7	Yes	
8		nts reported on Form 990, Part VII, paid or a itial contract exception described in Regulat			scribe	8		No
9	If "Yes" on line 5 53 4958-6(c)?	3, did the organization also follow the rebutt	able	presumption procedure described in	Regulations section	9		
For E	Danarwark Badu	ction Act Notice, see the Instructions fo	r Fo	rm 990 Cat No 5	0053T Schedule 1	/Earn	. 000)	2018

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

For each individual whose instructions, on row (ii)	e com	npensation must be repor ot list any individuals that	ted on Schedule J, report t are not listed on Form 9	compensation from the o	<b>Employees.</b> Use dup organization on row (i) an	nd from related organizati	ions, described in the	
<b>Note.</b> The sum of columi	ns (B	)(ı)-(ııı) for each listed inc	dividual must equal the to	otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t ındıvıdual
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation ir column (B) reported as deferred on prior Form 990
1 MICHAEL DIGNAM CEO & PRESIDENT	(i)	326,848	64,000	1,670	24,500	16,465	433,483	0
	(ii)	0	0	0	0	0	0	0
2 DEBRA SOTELO CFO		178,966	15,000	327	19,299	12,450	226,042	0
	(ii)	0	0	0	0	0	0	0
3 TINA DOLPH CHIEF STRATEGY OFFICER	(i)	179,984	0	574	2,294	7,662	190,514	0
CHIEF SHATEST OFFICER	(ii)	0	0	0	0	0	0	0
4 SHAWN WHEELER VP OF OPERATIONS	(i)	211,490	20,000	684	23,582	8,578	264,334	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> SIRI OSWALD VP OPERATIONS	(i)	168,449	10,000	514	9,054	7,078	195,095	0
	(ii)	0	0	0	0	0	0	0
6 EIDAR IMANVERDIYEV DIR, BUSINESS DEVELOPMENT	(i)	132,007	3,000	236	13,873	16,299	165,415	0
	(ii)	0	0	0	0	0	0	0
7 PHILLIP STARLING DIRECTOR OF QUALITY	(i)	141,141	3,000	433	14,895	19,232	178,701	0
MANAGE	(ii)	0	0	0	0	0	0	0
8 ANDREI PINTO FINANCE DIRECTOR	(i)	126,236	3,000	214	13,298	13,066	155,814	0
THANCE DIRECTOR	(ii)	0	0	0	0	0	0	0
9 MATTHEW J APTAKER QUALITY DIRECTOR	(i)	129,543	4,000	217	13,395	4,594	151,749	0
QOALITI DIRECTOR	(ii)	0	0	0	0	0	0	0
	1	1	1	1	1			I

Schedule J (Form 990) 2018	Page <b>3</b>						
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						

FOLLOWING BOARD MEMBER RECEIVED NON-TAXABLE FIRST-CLASS TRAVEL DR HASSAN VIRJI - \$491

Return Reference	Explanation
PART I, LINE 7	BONUSES ARE PERFORMANCE BASED

Additional Data	а							
			Software ID: Software Version:					
			EIN:	54-1773406				
				US CIVILIAN RESEAR				
Form 990, Schedule	: J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	Highest Compensate	d Employees	T	
(A) Name and Title	-	(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MISO (ii) Bonus & Incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
MICHAEL DIGNAM CEO & PRESIDENT	(1)	326,848	64,000	1,670	24,500	16,465	433,483	0
CLO & FRESIDENT	(11)	0	0	0	0	0		0
DEBRA SOTELO CFO	(1)	178,966	15,000	327	19,299	12,450	226,042	0
	(11)	0	0	0	0	0	C	0
TINA DOLPH CHIEF STRATEGY OFFICER	(I) (II)	179,984	0	574	2,294	7,662	190,514	0
SHAWN WHEELER	(1)	211,490	0	0	0	0		0
VP OF OPERATIONS	(')	211,490	20,000	684	23,582	8,578	264,334	0
SUPPORT	(11)	0	0	0	0	0	C	0
SIRI OSWALD VP OPERATIONS	(1)	168,449	10,000	514	9,054	7,078	195,095	0
	(11)	0	o	0	0	0	C	0
EIDAR IMANVERDIYEV DIR, BUSINESS	(1)	132,007	3,000	236	13,873	16,299	165,415	0
DEVEL ODMENT	(11)	0	ol	0	0	0	C	0
PHILLIP STARLING DIRECTOR OF QUALITY	(1)	141,141	3,000	433	14,895	19,232	178,701	. 0
MANAGE	(11)	0	0	0	0			0

214

217

13,298

13,395

13,066

4,594

155,814

151,749

(11)

(1)

(1)

(11)

126,236

129,543

3,000

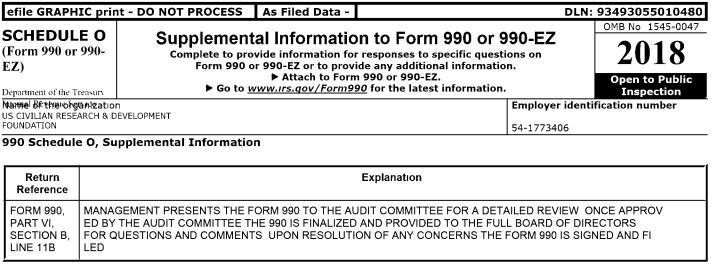
4,000

ANDREI PINTO FINANCE DIRECTOR

MATTHEW J APTAKER QUALITY DIRECTOR

efil	e GRAPHIC pr	int - DO NOT PF	ROCESS	As Filed Data -		DLI	N: 9349305	5010	480
	EDULE M			loncash Contri	hutions		OMB No 1	545-0	047
(For	m 990)		ľ	ioncasn contin	Dutions		20	10	)
		· -	_	ons answered "Yes" on F	orm 990, Part IV, lines 2	9 or 30.	20	19	)
		► Attach to Form							
•	tment of the Treasury al Revenue Service	▶Go to <u>www.irs.c</u>	gov/Form9	<u>90</u> for the latest informat	ion.		Open to Inspe	ction	
	e of the organizat VILIAN RESEARCH 8					Employer ide	ntification n	umber	•
	DATION	DEVELOTTENT				54-1773406			
Pa	rt I Types	of Property			•				
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) od of determii contribution a		s
1	Art—Works of art	t							
2	Art—Historical tr	easures .							
3	Art—Fractional in								
4	Books and public								
5	Clothing and hou goods	isehold							
6	Cars and other v								
7	Boats and planes								
8	Intellectual prope	erty							
9	Securities—Public	,							
10	Securities—Close	ely held stock .							
	Securities—Partr	s							
	Securities—Misce								
13	Qualified conserve contribution—Hi structures .	istoric							
14	Qualified conserve contribution—Of								
15	Real estate—Res								
16	Real estate—Cor								
17	Real estate—Oth								
18	Collectibles .								
19 20	Food inventory Drugs and medic								
21	Taxidermy .	• •							
	Historical artifact								
	Scientific specim								
	Archeological art								
	Other ▶ (		Х	1	192,88	1 COST			
	PMENT )					-			
	Other ► (					+			
27	Other ▶ (								
			the erganiza	tion during the tax year for	contributions	+			
29				B, Part IV, Donee Acknowled		29			
								Yes	No
30a	must hold for at	least three years fr	om the date	contribution any property is of the initial contribution, a	and which is not required to		empt		N-
b	If "Yes," describ	e the arrangement	ın Part II				30a		No
31	Does the organi	zation have a gift ac	cceptance po	olicy that requires the review	v of any nonstandard contr	ibutions?	31	Yes	
32a	Does the organi contributions?	zation hire or use th	nird parties o	or related organizations to s	olicit, process, or sell nonce	ash · · · ·	32a		No
Ь	If "Yes," describ	e ın Part II							
33	If the organizati	on did not report ar	n amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part	II							
Ear D	anamuark Badusti	on Act Notice see the	o Instruction	s for Form 000	Cat No. 512271	Cch	edule M (Form	000) (	2018)

Schedule M (Form 990) (2018) Page <b>2</b>							
Part II Supplemental Info							
	non required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete itional information.						
Return Reference	Explanation						
	Schedule M (Form 990) (2018)						



Return Explanation

990 Schedule O, Supplemental Information

FORM 990,	ALL EMPLOYEES SIGN A CONFLICT OF INTEREST STATEMENT UPON INITIAL EMPLOYMENT BOARD OF DIRECTORS
PART VI,	AND SENIOR STAFF SIGN ANNUAL STATEMENTS
SECTION B,	
LINE 12C	

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, THE BOARD OF DIRECTORS INCLUDES A COMPENSATION COMMITTEE WHICH SETS THE ANNUAL SALARY OF T PART VI, HE PRESIDENT/CEO, CHIEF FINANCIAL OFFICER AND VICE PRESIDENTS THE COMMITTEE REVIEWS VARIO SECTION B, US SALARY SURVEYS FOR COMPARABLE ORGANIZATIONS THE COMMITTEE REPORTS ITS DELIBERATIONS IN UNITING

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, CRDF GLOBAL INCLUDES SUMMARY FINANCIAL INFORMATION IN ITS ANNUAL REPORT THE 990 IS SENT TO GUIDESTAR AND AVAILABLE TO ANYONE WHO MAKES A WRITTEN REQUEST TO THE ORGANIZATION SECTION C, LINE 19