** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

Α	For the	e 2017 calendar year, or tax year beginning and	enaing						
В	Check if applicable	C Name of organization		D Employer identifi	ication number				
Σ	Addres change								
	Name change	Doing business as		7 26-3	477125				
	Initial return		Room/suite	E Telephone numbe	elephone number				
	Final return/		900	202-	525-5717				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,389,020.				
	Ameno return	WASHINGTON, DC 20005		H(a) Is this a group r	eturn				
	Applic tion	F Name and address of principal officer: EDIAS ROTTEMBERG DI	EHRER	for subordinates	s? Yes X No				
	pendir	SAME AS C ABOVE		H(b) Are all subordinates i	included? Yes No				
		empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) c	or 527	If "No," attach a	a list. (see instructions)				
		e: > WWW.RSTREET.ORG		H(c) Group exemption					
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 2008	v State of legal domicile: DC				
P		Summary							
Ф	1	Briefly describe the organization's mission or most significant activities: ${f SEE}$.	PART :	III, LINE 1.					
anc anc									
ž	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net a					
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	9				
ص ھ	4	Number of independent voting members of the governing body (Part VI, line 1b)			9				
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	53				
Ξ	6	Total number of volunteers (estimate if necessary)		6	9				
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Year	Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)		5,887,086.	8,262,264.				
enc	9	Program service revenue (Part VIII, line 2g)		0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,190.					
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		57,869.	125,525.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,946,145.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		269,201.	371,543.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	_				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,226,561.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.				
ă	b								
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,414,915.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,910,677.					
	19	Revenue less expenses. Subtract line 18 from line 12		1,035,468.	1,535,717.				
Net Assets or	<u> </u>		В	eginning of Current Year	End of Year				
Sset	20	Total assets (Part X, line 16)		3,311,687.					
et	21	Total liabilities (Part X, line 26)		265,302.					
		Net assets or fund balances. Subtract line 21 from line 20		3,046,385.	4,582,102.				
	art II	Signature Block							
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedules		•	ly knowledge and belief, it is				
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich prepare	r nas any knowledge.					
۵.		Signature of officer		I Date					
Sig		ELIAS ROTHENBERG-LEHRER, PRESIDENT		Buto					
He	re	Type or print name and title							
_				Date Check	TI PTIN				
Pai	Н	Preparer's signature DAVID GRALING CPA Preparer's signature		if					
	e Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N		Firm's EIN	J2 1J/2000				
	. Only	BETHESDA, MD 20814-2930		Phone no / 3	01) 951-9090				
N/a	v tha IE	RS discuss this return with the preparer shown above? (see instructions)		[1 HOHE HO. (3	X Yes No				
IVId	y ule Ir	(SIGNAL IN THE PROPERTY SHOWIT ADOVE!			LES LINO				

1,135,228. including grants of \$ 134,672.) (Revenue \$ 4c) (Expenses \$ FINANCIAL SERVICES: THE FINANCE, INSURANCE AND TRADE POLICY PROGRAM EXPLORES EFFICIENT AND EFFECTIVE MARKET-BASED APPROACHES TO PUBLIC POLICY QUESTIONS THAT INVOLVE FINANCIAL SERVICES AND FREE TRADE. AMONG ITS PRIORITIES ARE SOUND MONEY, PUBLIC FISCAL CRISES, THE EXPANSION OF BILATERAL AND MULTILATERAL TRADE AGREEMENTS AND PLACING GOVERNMENT-SPONSORED ENTERPRISES ON EQUAL FOOTING WITH OTHER FINANCIAL INSTITUTIONS.

IN PARTICULAR, OUR INSURANCE POLICY PROGRAM EXPLORES EFFICIENT AND EFFECTIVE MARKET-BASED APPROACHES TO PUBLIC POLICY QUESTIONS THAT INVOLVE THE TRANSFER OF RISK. AMONG ITS PRIORITIES ARE RISK-BASED INSURANCE REGULATION, ENDING ENVIRONMENTALLY DESTRUCTIVE TAXPAYER

4d Other program services (Describe in Schedule O.)

2,832,273 • including grants of \$

158,068.) (Revenue \$

6,472,249. Total program service expenses ▶

Form **990** (2017)

17091105 745960 28560

Form 990 (2017) R STREET INS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		Х
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4		4	x	
5	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	-25	
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
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	Х	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	x	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X

Form 990 (2017) R STREET INSTITUTE Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			l
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		3,7	
	Schedule J	23	Х	
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			X
	Schedule K. If "No", go to line 25a	24a		
	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	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		22
ь	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Och all to L. Do H.	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<u>-</u> -
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			٠,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_v
0-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38		(0047)

Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		Check if Schedule O contains a response or note to any line in this Part V										
18 Enter the number reported in Box 3 of Form 1066. Enter -0 if not applicable 10 0 0 0 0 10 in the proper of ports W2 of included in line 16. Enter -0 in the applicable 10 0 0 0 10 in the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming in the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming in the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming in the property of the property of the property of the property of the organization in the service of the see instructions) 3 10 if the organization and 2 is greater than 250, you may be required to e-/file (see instructions) 3 2 b X Notes. If the sum of lines 1 a and 2 is greater than 250, you may be required to e-/file (see instructions) 3 a W 1 if Yes, * has It filed a Term 990 ff for this year? If * No. 1 for 85, provide an explanation in Schedule O 3 b W 1 if Yes, * the title of the organization and society should be payed of the organization and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. But the organization and payed the payed of the payed of the organization and payed the payed of the organization and payed of the payed of the payed of the payed of the organization and payed the payed of the organization and payed of the payed of the organization and payed of the organization solicit any contributions. In the organization solicit any contributions and payed of the organization solicit any exposes statement that such contributions or gifts were not tax deductible? 10 if the organization report and contributions under section 170(c). 20 if the organization report and contribution or and solicitation and payed organization will be organization will be						Yes	No					
be Enter the number of Forms W-26 included in line 1a. Enter 0-16 not applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	31								
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) without without some winners? 2a Enter the number of employees reported on From W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3 bill rist least one's reported on line 2a, did the organization file all required federal employment tax returns? 3 bill rist least one's reported on line 2a, did the organization file all required federal employment tax returns? 3 bill rist least one's reported on line 2a, did the organization file all required federal employment tax returns? 3 bill rist least one's reported on line 2a, did the organization file all required federal employment tax returns? 3 bill rist least one's reported on line 2a, did the organization file all required federal employment tax returns? 3 bill rist least one's reported on line 2a, did the organization file all required federal employment tax returns? 3 bill rist least one's return and re			1b	0								
(gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W.S., Transmittal of Wage and Tax Statements, 2 Ifed for the calendar year ending with or within the year covered by this return 3 If I at least one is reported on line 2a, did the organization line all nequired federal employment tax returns? 3 If I at least one is reported on line 2a, did the organization line all nequired federal employment tax returns? 3 If I at least one is reported on line 2a, did the organization file all nequired federal employment tax returns? 3 If I at least one is reported on line 2a, did the organization file all nequired federal employment tax returns? 3 If I at least one is reported on line 2a, did the organization on the security of the security (such as a bank account, securities account, or other financial accounts? 4 If Yes, a length of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5 If Yes, a length or the security of the organization that it was or is a purty to a prohibited tax shelfer transaction? 5 If Yes, and the organization party to a prohibited tax shelfer transaction? 5 If Yes, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of length 89 and the security of the organization or security and the very solicitation an express statement that such contributions or gifts were not tax deductibles as charable contributions? 5 If Yes, and the organization include with every solicitation an express statement that such contributions or gifts were no tax deductibles as charable contributions? 5 If Yes, and the organization receive			eporta	ble gaming								
28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the celendar year ending with or within the year covered by this return 19 If at least one is reported on line 2a, did the organization file all required faderal employment tax returns? 20 X 30 Ib the organization have unretured business gross income of \$1,000 or more during the year? 31 If Yes, * has it filed a Form 990-T for this year? If *No,* * to time 8b, provide an explanation in Schedule O 32 A At any time during the calendary and, did the organization have explanation in Schedule O 33 A At any time during the calendary and, did the organization have an interest it, or a signature or other authority over, a financial account, a foreign country (such as a bank account, securities account, or other financial account; or a financial account in a foreign country. 34 At any time of the name of the foreign country. 35 Eve instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 36 Was the organization a party to a prohibetor that was or is a party to a prohibetor as wheter transaction at any time during the tax year? 36 Did any taxable party notify the organization file Form 8886-17? 37 If *Yes,* to line 5a or 5b, did the organization file Form 8886-17? 38 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 38 If *Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 39 If *Yes,* did the organization include with every solicitation and express statement that was receive any time of Forms 8282 filed during the year? 40 If the organization selle, exchange, or otherwise dispose of langible personal property for which it was required to the payor? 40 If the organization sell, exchange, or otherwise dispose of lang					1c	Х						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, ¹ has it field a Form 990-T for this year? If Yes, ¹ to line 3b, provide an explanation in Schedule 0 3b A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prinhibited tax shelter transaction at any time during the tax year? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization have the organization that it was or is a party to a prinhibited tax shelter transaction? So Was the organization a party to a prinhibited tax shelter transaction? So Was the organization manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? B If Yes, ¹ did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization start were not tax deductible contributions under section 170(c). Did the organization transper organization motify the donor of the value of the goods or services provided? To Did the organization and the arrow of the value of the goods or services provided? To Did the organization selevice applies that are normally greater than \$100,000, and did the organization for the value of the goods or services provided? To Did the organization selevice any funds, directly or indirectly, to	2a											
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a	53								
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 44 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country; leuch as a bank account, securities account, or other financial account; over, a financial account; or a foreign country; leuch as a bank account, securities account, or other financial account; over, a financial account; or a foreign country (such as a bank account, securities account, or other financial account; over, a financial account; or a foreign country (such as a bank account, securities account, or other financial account; over, a financial account; or a foreign Bank and Financial Accounts (FBAR). 58 Was the organization for foreign CBNF ▼	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х						
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 44 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country; leuch as a bank account, securities account, or other financial account; over, a financial account; or a foreign country; leuch as a bank account, securities account, or other financial account; over, a financial account; or a foreign country (such as a bank account, securities account, or other financial account; over, a financial account; or a foreign country (such as a bank account, securities account, or other financial account; over, a financial account; or a foreign Bank and Financial Accounts (FBAR). 58 Was the organization for foreign CBNF ▼		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)									
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 14b 15c 14b 15	10	, ,, , , ,		. [
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 14b 15c 14b 15	а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a									
a Gross income from members or shareholders N/A 11a			10b									
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	11			,								
amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			11a									
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a 13a 14a 14b 15b 16b 17b 18b 18b 18b 18b 18b 18b 18b 18b 18b 18	b	Gross income from other sources (Do not net amounts due or paid to other sources against										
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 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. 14b	13			NT / 7	46							
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 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 14b	а			IN / A	13a							
organization is licensed to issue qualified health plans		·										
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	· · · · · · · · · · · · · · · · · · ·	1405									
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_											
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b					140		X					
	ט	in 103, has it lifed a 1 offit 120 to report these payments: ii 190, provide an explanation in Schedul	· · · · · · · · · · · · · · · · · · ·			990	(2017)					

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X					
Sec	tion A. Governing Body and Management			1						
		1 1		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>							
	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	<u> </u>							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other								
	officer, director, trustee, or key employee?		2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	5		X					
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a									
	more members of the governing body?		7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
	persons other than the governing body?		7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?		8a	Х						
b	Each committee with authority to act on behalf of the governing body?		8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F									
		•		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such c									
	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 boo		11a	Х						
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	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
	in Schedule O how this was done		12c	Х						
13	Did the organization have a written whistleblower policy?		13	Х						
14	Did the organization have a written document retention and destruction policy?		14	Х						
15	Did the process for determining compensation of the following persons include a review and approv									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official		15a	Х						
	Other officers or key employees of the organization		15b		Х					
	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 arrange	ment with a								
	taxable entity during the year?		16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's								
	exempt status with respect to such arrangements?		16b							
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$ AR , NC , SC , AL , C	OR, CA, NY, VA, P.	A,GA	,FL						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website X Another's website X Upon request Other (explain	n in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, a	nd finan	cial						
	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 bo	ooks and records:								
	JOI WASHINGTON - 202-525-5717									
	1212 NEW YORK AVENUE NW SUITE 900, WASHINGTON, DC	20005								

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	-	cer ar	d a d	recio	or/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/1099-101130)	organization
	organizations	truste	al trus		yee	mper		(** = . ********************************		and related
	below	ridual	Institutional trustee	er	Key employee	Highest compensated employee	Je.			organizations
	line)	Indi	Insti	Officer	Key	High emp	Former			
(1) MARNI SOUPCOFF	0.50									
BOARD CHAIR		Х		Х				0.	0.	0.
(2) TEVI TROY	0.50									
BOARD MEMBER		Х						0.	0.	0.
(3) MICHAEL COHEN	0.50									
BOARD MEMBER		Х						0.	0.	0.
(4) ROBERT WATKINS	0.50									
BOARD MEMBER		Х						0.	0.	0.
(5) ROBERT INGLIS	0.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(6) RYAN ALEXANDER	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) PABLO CARRILLO	0.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(8) ELIZABETH FRAZEE	0.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(9) RYAN CALO	0.50								_	
BOARD MEMBER		Х						0.	0.	0.
(10) ELIAS ROTHENBERG-LEHRER	40.00								_	
PRESIDENT AND BOARD VICE CHAIR				Х				215,266.	0.	17,356.
(11) ERICA SCHODER	40.00								_	
VICE PRESIDENT & CORPORATE TREASURER				Х				190,299.	0.	10,064.
(12) KEVIN KOSAR	40.00					l		100 000		6 055
VICE PRESIDENT OF POLICY	4.0.00					Х		188,273.	0.	6,055.
(13) DAVID CAMERON SMITH	40.00					l		450 050		10 710
VP OF IMPLEMENTATION & GEN. COUNSEL	4.0.00					Х		172,970.	0.	19,748.
(14) IAN ADAMS	40.00							4		
ASSOCIATE VP, STATE AFFAIRS	4.0.00					Х		145,692.	0.	4,778.
(15) ARTHUR RIZER	40.00					l		125 615		4 5 4 5
CRIM. JUSTICE & CIVIL LIBERTIES DIR.	40.00					Х		137,617.	0.	4,547.
(16) RAY LEHMANN	40.00							125 601	_	10 005
DIR. OF FIN., INSUR. & TRADE POLICY		_				Х	_	135,601.	0.	12,987.
										5 000 (aa4=)

· u	t VII Section A. Officers, Directors, Trus		pioy	ees			igne	si C					/F\	
	(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more erson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from relates	on		(F) stimate nount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI		fr org an	pensa om th anizat d relat anizati	e tion ted
•														
								L	1,185,718.		0.	7	5,5	2 E
	Sub-total								0.		0.	<u> </u>	5,5	0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								1,185,718.		0.	7	5,5	
2	Total number of individuals (including but r									1 000 of reportat		,	5 	
_	compensation from the organization	iot iii iii ii ioo to ti	1000	11000	Ju u	201	O, W	10 11		,,ooo or reportat	<i>,</i>			13
													Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s				•	•	•		highest compensated e			3		Х
4	For any individual listed on line 1a, is the sa and related organizations greater than \$15	•	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4	Х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	•				•	•		ted organization or indiv	idual for services	S 	5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest combensation. Report compensation for	•	•							•	mpens	sation 1	from	
	(A) Name and business	address							(B) Description of s		c		(C) ensation	
	MES TAYLOR 40 SUNNYBROOK DRIVE, N.	APERVILI	LE,	, -	ΙL	6	054	- 1	GRANT PORTFO SUPPORT	LIO		17	1,0	00.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\bigsim 1\)

. u	I . V			e or note to any li	ne in this Part VIII			
		Check if Schedule O cont	anio a respone	or moto to uny m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a Federated campaigns	1a					
Gra	ŀ	b Membership dues	1b					
ts, (An	(c Fundraising events	1c					
Giff	(d Related organizations	1d					
ns, Simi	•	e Government grants (contributi	ions) 1e					
rtio	f	f All other contributions, gifts, grant						
jb Th		similar amounts not included abov	ve 1f 8	<u>,262,264.</u>				
ont od C	ç	g Noncash contributions included in lines	1a-1f: \$		0.50			
<u>a</u> C	ŀ	h Total. Add lines 1a-1f			8,262,264.			
				Business Code				
/ice	2 6							
Servine		b						
m S		C						_
Program Service Revenue		d						_
Pro		f All other program service reve						
		g Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		>	1,231.			1,231.
	4	Income from investment of tax						
	5	Royalties	·····					
			(i) Real	(ii) Personal				
	6 a	a Gross rents						
	ŀ	b Less: rental expenses						
		c Rental income or (loss)						
	(d Net rental income or (loss)		<u></u>				
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other	_			
		assets other than inventory			_			
	ŀ	b Less: cost or other basis						
		and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)a Gross income from fundraising		······				
υne	0 0	including \$	of					
) Ve		contributions reported on line						
R		Part IV, line 18						
Other Revenu	ŀ	b Less: direct expenses						
Ó		c Net income or (loss) from fund						
		a Gross income from gaming ac						
		Part IV, line 19		a				
	ŀ	b Less: direct expenses						
		c Net income or (loss) from gam						
	10 a	a Gross sales of inventory, less	returns					
		and allowances	á	a				
	ŀ	b Less: cost of goods sold	k	·				
	(c Net income or (loss) from sales						
		Miscellaneous Revenu		Business Code	74 500			74 500
		a MOVING EXP. REI	MR•	900099	74,592.			74,592.
	-	b MISCELLANEOUS		900099	50,933.			50,933.
		C						
	(d All other revenue			125,525.			
	40	e Total. Add lines 11a-11d Total revenue. See instructions.			8,389,020.	0.	0.	126,756.
	12	i utai i evellue. Dee ilisti uctiolis.			U, JUJ, U4U.	ı	0.	1 120,/30

Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	371,543.	371,543.		·
•	and domestic governments. See Part IV, line 21	3/1,343.	3/1,545.		
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees	432,985.	186,097.	200,364.	46,524.
6	Compensation not included above, to disqualified	, , , , , ,	,	,	. , .
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,326,288.	3,283,220.	10,911.	32,157.
8	Pension plan accruals and contributions (include		,		·
	section 401(k) and 403(b) employer contributions)	93,829.	92,678.	224.	927.
9	Other employee benefits	211,940.	202,351.	8,728.	861.
10	Payroll taxes	255,361.	236,355.	13,650.	5,356.
11	Fees for services (non-employees):				
а	Management				
b		19,782.	18,359.	1,160.	263.
С	Accounting	27,980.	25,967.	1,641.	372.
	Lobbying	1,336.	1,336.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,370.			2,370.
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	874,349.	857,632.	15,662.	1,055.
12	Advertising and promotion	68,255.	63,528.	3,853.	874.
13	Office expenses	155,989.	153,788.	297.	1,904.
14	Information technology	50,398.	47,805.	2,112.	481.
15	Royalties	100	400 000		
16	Occupancy	192,550.	190,256.	-181.	2,475.
17	Travel	367,696.	356,964.	8,688.	2,044.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.41 0.60	022 002	6 550	1 600
19	Conferences, conventions, and meetings	241,262.	233,003.	6,570.	1,689.
20	Interest				
21	Payments to affiliates	2 000	1 040	122	27
22	Depreciation, depletion, and amortization	2,009.	1,849.	133.	27.
23	Insurance	38,942.	36,140.	2,284.	518.
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 0.)				
а	BOOKS & SUBSCRIPTIONS	91,207.	86,781.	3,330.	1,096.
b	TRAINING & PROF. DEV'L	23,072.	22,656.	339.	77.
c	REGISTRATION FEES	4,002.	3,941.	0.	61.
d	GRANT ADMIN FEES	158.	-	129.	29.
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,853,303.	6,472,249.	279,894.	101,160.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X	Balance Sheet				
	Check if Schedule O contains a response or note to a	ny line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		414,623.	1	1,256,402
2	Savings and temporary cash investments		1,128,296.	2	1,229,527
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		1,724,121.	4	2,252,176
5	Loans and other receivables from current and former				
	trustees, key employees, and highest compensated e	mployees. Complete			
	Part II of Schedule L			5	
6	Loans and other receivables from other disqualified pe				
	section 4958(f)(1)), persons described in section 4958	(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 50	-			
ပ္	employees' beneficiary organizations (see instr). Comp			6	
Assets	Notes and loans receivable, net	F		7	
₹ 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges		19,519.	9	39,168
10 a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D 10a	493,055.			
k	Less: accumulated depreciation 10b		2,500.	10c	485,462
11	Investments - publicly traded securities	•		11	
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	22,628.	15	61,317	
16	Total assets. Add lines 1 through 15 (must equal line	3,311,687.	16	5,324,052	
17	Accounts payable and accrued expenses		265,302.	17	346,070
18	Grants payable		18		
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV			21	
ဖ္က 22	Loans and other payables to current and former office	ers, directors, trustees,			
[key employees, highest compensated employees, and	d disqualified persons.			
	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated the			23	
24	Unsecured notes and loans payable to unrelated third	l parties		24	
25	Other liabilities (including federal income tax, payables	s to related third			
	parties, and other liabilities not included on lines 17-24	1). Complete Part X of			
	Schedule D		0.	25	395,880
26	Total liabilities. Add lines 17 through 25		265,302.	26	741,950
	Organizations that follow SFAS 117 (ASC 958), che	ck here ▶ X and			
န္မ	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		1,180,685.	27	3,082,968
28	Temporarily restricted net assets		1,865,700.	28	1,499,134
29				29	
2	Organizations that do not follow SFAS 117 (ASC 95	58), check here ▶Ш			
5	and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
ž 31	Paid-in or capital surplus, or land, building, or equipme			31	
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income	—	2 246 225	32	4 500 400
2 33	Total net assets or fund balances	ı	3,046,385.	33	4,582,102
34	Total liabilities and net assets/fund balances		3,311,687.	34	5,324,052

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,38					
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,85					
3	Revenue less expenses. Subtract line 2 from line 1	3		1,53 3,04	5,7	17.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	4	4,58	<u>2,1</u>	02.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					Ш			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,						
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (Э.						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit								
	Act and OMB Circular A-133?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b					
				_	Ω				

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization R STREET INSTITUTE 26-3477125 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,353,072.	2,832,801.	4,069,963.	5,887,086.	8,262,264.	23,405,186.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,353,072.	2,832,801.	4,069,963.	5,887,086.	8,262,264.	23,405,186.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						8,815,270.
6	Public support. Subtract line 5 from line 4.						14,589,916.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	2,353,072.	2,832,801.	4,069,963.	5,887,086.	8,262,264.	23,405,186.
	Gross income from interest,	, ,	, ,		, ,	, ,	
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	920.	6,819.	68,724.	51,970.	1,231.	129,664.
a	Net income from unrelated business		7,000			_,	
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	15,488.	26 253	26,261.	7 089.	125,525.	200,616.
11	Total support. Add lines 7 through 10	23,1001	20,2001	20,2020	7 7 0 0 5 1	223,3231	23,735,466.
12	Gross receipts from related activities,	etc (see instruction	ne)			12	625.
13	First five years. If the Form 990 is for			I fourth or fifth tax			
.0	organization, check this box and stop	hava			-		>
Sec	ction C. Computation of Publ						
14	Public support percentage for 2017 (I	ine 6. column (f) di	vided by line 11, co	olumn (f))		14	61.47 %
15	Public support percentage from 2016					15	57.62 %
16a	33 1/3% support test - 2017. If the o					nore, check this bo	x and
	stop here. The organization qualifies	•		•		•	\triangleright X
b	33 1/3% support test - 2016. If the c						is box
	and stop here. The organization qual						ightharpoonup
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-		-	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•				
12	Private foundation. If the organization						
	i i i ato i odi i dationi. Il tile organizatio	in alla flot di lech a l	557 OH III G 10, 10a	, 100, 110, 01 110,	, or look if its box a	and see monucions	·

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
٠	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
/ -	Amounts included on lines 1, 2, and						
	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						<u> </u>
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi	zation,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017 (line 8, column (f) d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2017. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ı	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20							

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

	Yes	No
1		
2		
За		
3b		
_		
Зс		
4a		
44		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
эa		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations		'	
	,, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ıctions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2017

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe			
2	Amou	nts paid to perform activity that directly furthers exemp			
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose			
4	Amou	nts paid to acquire exempt-use assets			
5	Qualifi	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	e	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2017 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From 2	2013			
С	From 2	2014			
d	From 2	2015			
е	From 2	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i		over from 2012 not applied (see instructions)			
j	Remai	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2017 from Section D,			
	line 7:	·			
а	Applie	d to underdistributions of prior years			
	• • •	ed to 2017 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2017, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		s distributions carryover to 2018. Add lines 3j			
	and 4				
8		down of line 7:			
		s from 2013			
		s from 2014			
		s from 2015			
		s from 2016			
е	Exces	s from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Dat IV, Section A lines 1, 2, th. 45, 5, 6, 9, h. 6, 11, 11, 11, 11, 11, 11, 11, 11, 11,
	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.)
	(dee instructions.)
_	
_	
_	
_	

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2017

R STREET INSTITUTE 26-3477125 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______
\$ _

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number

R STREET INSTITUTE 26-3477125

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>175,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 366,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 280,624.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>655,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>460,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$525,000.	Person X Payroll

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
7		\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8	Name, address, and ZIP + 4	\$ 200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9		\$ 1,075,000.	Person X Payroll	
(a)	(b)	(c)	(d)	
No. 10	Name, address, and ZIP + 4	\$ 370,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
11	Hame, address, and En TT	\$ 391,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12	Name, audress, and ZIF + 4	\$ 500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization Employer identification number 26-3477125

Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
13		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14		\$\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
			Person Payroll Noncash (Complete Part II for		

R STREET INSTITUTE

26-3477125

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Name of organization Employer identification number 26-3477125 R STREET INSTITUTE Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

Tax) (see se	parate instructions), then		,, (,	, ,
• Section !	501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of org	R STREE	T INSTITUTE			oyer identification number
Part I-A	Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527 of	rganization.
2 Politica	campaign activity expendit	zation's direct and indirect politica cures ign activities		 ►\$	
Part I-B	Complete if the org	ganization is exempt unde	er section 501(c)((3).	
1 Enter th	e amount of any excise tax	incurred by the organization und	er section 4955	▶ \$	
2 Enter th	e amount of any excise tax	incurred by organization manage	rs under section 4955	▶ \$	
		n 4955 tax, did it file Form 4720 f			
					Yes No
 	describe in Part IV.	ganization is exempt unde	or coation 501/a	execut eastion 501	(2)(2)
Part I-C		•			
		d by the filing organization for sec			
		ization's funds contributed to oth			
		s. Add lines 1 and 2. Enter here ar		······································	
4 Did the	filing organization file Form	1120-POL for this year?		¥	Yes No
5 Enter the made p	e names, addresses and er ayments. For each organiza	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	I) of all section 527 po from the filing organiz	olitical organizations to whic zation's funds. Also enter th	ch the filing organization ne amount of political
		additional space is needed, provi			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

Pa	art II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).					
A	Check -	if the filing organization belone	gs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN,	
		expenses, and share of exces	s lobbying expenditures).			
В	Check 🕨	if the filing organization check	ed box A and "limited control" provisions apply.			
			oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals	
16	a Total lo	bbying expenditures to influence pub	lic opinion (grass roots lobbying)	0.		
ŀ	Total lo	bbying expenditures to influence a leg	gislative body (direct lobbying)	35,084.		
(Total lo	bbying expenditures (add lines 1a and	d 1b)	35,084.		
(6,818,219.		
•	Total e		s 1c and 1d)	6,853,303.		
			unt from the following table in both columns.	492,665.		
	If the ar	nount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not ove	er \$500,000	20% of the amount on line 1e.			
	Over \$	500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$	1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	Over \$	1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$	17,000,000	\$1,000,000.			
				102 166		
•	•	oots nontaxable amount (enter 25% o	,	123,166.		
ł		ct line 1g from line 1a. If zero or less, e		0.		
i		ct line 1f from line 1c. If zero or less, e		0.		
			r line 1h or line 1i, did the organization file Form 4720		Yes No	
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.					

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Labbutan Evanadituran During 4 Vary Avanging Pariod									
Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total				
2a Lobbying nontaxable amount	268,027.	323,562.	395,534.	492,665.	1,479,788.				
b Lobbying ceiling amount (150% of line 2a, column(e))					2,219,682.				
c Total lobbying expenditures	5,438.	12,057.	57,555.	35,084.	110,134.				
d Grassroots nontaxable amount	67,007.	80,891.	98,884.	123,166.	369,948.				
e Grassroots ceiling amount (150% of line 2d, column (e))					554,922.				
f Grassroots lobbying expenditures	2,058.	500.	20,000.		22,558.				

Schedule C (Form 990 or 990-EZ) 2017

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i	Yes	No	Amo	ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 			l .	
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 				
 d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 				
 d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 				
e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
 g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? 				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities?				
i Other activities?	1			
,				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	5). or se	ction	
501(c)(6).	00 . (0)(0	.,, c. cc		
			Yes	N
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior vear?	3		
answered "Yes." 1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
expenses for which the section 527(f) tax was paid).				
a Current vear		2a	l	
a Current year b Carryover from last year				
b Carryover from last year		2b		
b Carryover from last year c Total		2b		
b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2b		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds 	ess	2b		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and poor to the reasonable estimate of nondeductible lobbying and the lobby	ess olitical	2b 2c 3		
 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds 	ess olitical	2b 2c 3		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

R STREET INSTITUTE

Employer identification number 26-3477125

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	ıferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a historication	ally important land area
	Protection of natural habitat	Preservation of a certified	I historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year •		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
U	Starr and volunteer riodrs devoted to morntoning, inspecting	, rialiding of violations, and emorcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
•	S	alling of violations, and officioning conscivation	casements daming the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	•	
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		•
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

		T INSTITUT	E				2	6-34	77125	Page 2
Pai	rt III Organizations Maintaining C	Collections of A	rt, Hist	orical Tre	easures, d	or Other	r Simila	r Asse	ts (contin	ued)
3	Using the organization's acquisition, access	on, and other record	ds, check	any of the	following tha	ıt are a sig	ınificant u	se of its	collection	items
	(check all that apply):									
а	Public exhibition	c			nange progra					
b	Scholarly research	e	, 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how th	ey further th	ne organizati	on's exem	npt purpos	se in Parl	XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, his	storical treas	sures, or oth	er similar a	assets		_	
	to be sold to raise funds rather than to be m								Yes	└─ No
Pai	rt IV Escrow and Custodial Arran		ete if the	organizatio	n answered '	"Yes" on F	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for o	contribution	s or other as	sets not i	ncluded	_	-	
	on Form 990, Part X?							L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing to	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance									
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	istodial acco	unt liabilit	y?	L	Yes	└─ No
_	If "Yes," explain the arrangement in Part XIII									
Pai	rt V Endowment Funds. Complete	f the organization ar	swered '	"Yes" on Fo	rm 990, Part					
		(a) Current year	(b) Pr	rior year	(c) Two year	rs back (d	d) Three ye	ars back	(e) Four	years back
1a	0 0 ,									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	i)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3а	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held aı	nd administe	red for the	e organiza	ation	_	
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		owment f	unds.						
Pai	rt VI Land, Buildings, and Equipn									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	ee Form 990), Part X, li	ine 10.			
	Description of property	(a) Cost or o		(b) Cost			cumulated	1	(d) Book	value
		basis (investr	ment)	basis ((other)	depr	reciation			
1a	Land									
b	Buildings									
С	Leasehold improvements				5,880.					5,880.
d	Equipment				5,650.		7,59	3.		3,057.
е	Other			6	1,525.					1,525.
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colum	nn (B), line 1	0c.)				485	5,462.

Schedule D (Form 990) 2017

(a) Description of security or category (including name of security)	(b) Book value	11b. See Form 990, Part X, line 1 (c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11c See Form 990 Part Y line 1	3
(a) Description of investment	(b) Book value		st or end-of-year market value
	(b) Book value	(e) Mothed of Valuation: God	or or one or your market value
(1)			
(2)		+	
(3)		+	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			_
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 1	5.
(a) L			
	Description		(b) Book value
(1)	escription		
(1) (2)	escription		
(1)	escription		
(1) (2)	escription		
(1) (2) (3)	escription		
(1) (2) (3) (4)	escription		
(1) (2) (3) (4) (5)	escription		
(1) (2) (3) (4) (5) (6)	escription		
(1) (2) (3) (4) (5) (6) (7)	escription		
(1) (2) (3) (4) (5) (6) (7) (8) (9)			
(1) (2) (3) (4) (5) (6) (7) (8) (9)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	· 11e or 11f. See Form 990, Part X	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	15.)	11e or 11f. See Form 990, Part X	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete in the organization of liability (1) Federal income taxes (2) DEFERRED LEASEHOLD IMPROVE	15.)	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete in the organization of liability (1) Federal income taxes (2) DEFERRED LEASEHOLD IMPROVE (3) ALLOWANCE	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete in the organization of liability (1) Federal income taxes (2) DEFERRED LEASEHOLD IMPROVE (3) ALLOWANCE (4)	15.)	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the decay of the complete in the organization of liability (1) Federal income taxes (2) DEFERRED LEASEHOLD IMPROVE (3) ALLOWANCE (4) (5)	15.)	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) DEFERRED LEASEHOLD IMPROVE (3) ALLOWANCE (4) (5) (6)	15.)	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) DEFERRED LEASEHOLD IMPROVE (3) ALLOWANCE (4) (5) (6) (7)	15.)	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) DEFERRED LEASEHOLD IMPROVE (3) ALLOWANCE (4) (5) (6) (7) (8)	15.)	(b) Book value	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) DEFERRED LEASEHOLD IMPROVE (3) ALLOWANCE (4) (5) (6) (7)	on Form 990, Part IV, line	(b) Book value	(b) Book value

732053 10-09-17

17091105 745960 28560

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2017**

Open to Public Inspection

Name of the organization							Employer identification number
R STREET		3					26-3477125
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or ass	istance?						X Yes No
2 Describe in Part IV the organization's pr						· "	
Granto and Other Addictance to					anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization		(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	(b) EIN	(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
IMPACT JUSTICE							
2633 TELEGRAPH AVE., SUITE 104							SUBGRANT - PROGRAM
OAKLAND, CA 94612	47-3363891	501(C)(3)	20,000.	0.			SUPPORT
AMERICAN CONSUMER INSTITUTE							
P.O. BOX 2161							SUBGRANT - PROGRAM
RESTON, VA 20195	20-8601897	501(C)(3)	65,000.	0.			SUPPORT
JOHN LOCKE FOUNDATION							
200 W. MORGAN STREET SUITE 200							SUBGRANT - PROGRAM
RALEIGH, NC 27601	59-2811908	501(C)(3)	15,000.	0.			SUPPORT
	0, 1011,00		10,000.				5011 0111
JAMES MADISON INSTITUTE							
100 N. DUVAL STREEET							SUBGRANT - PROGRAM
TALLAHASSEE, FL 32301	56-1656943	501(C)(3)	52,000.	0.			SUPPORT
TEXAS PUBLIC POLICY FOUNDATION							
900 CONGRESS ST., STE 400	74 2524057	E01/G)/3)	117 000	0			SUBGRANT - PROGRAM
AUSTIN, TX 78701	74-2524057	DUI(C)(3)	117,000.	0.			SUPPORT
COPIA INSTITUTE							
370 CONVENTION WAY							SUBGRANT - PROGRAM
REDWOOD CITY, CA 94063	94-3392450	N/A	78,000.	0.			SUPPORT
2 Enter total number of section 501(c)(3)		1	· · · · · ·	-		1	
3 Enter total number of other organization							······

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
IAMIONAL ARRAIDG								
NATIONAL AFFAIRS 1730 M STREET NW SUITE 910							SUBGRANT - PROGRAM	
ASHINGTON, DC 20036	13-6207054	501(C)(3)	20,000.	0.			SUPPORT	
					<u> </u>	1	Cabadula I (Farra 0	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
PART I, LINE 2:					
SUBGRANTS ARE MONITORED BY THE P	ROGRAM STA	FF AND, D	EPENDING ON	THE	
REQUIREMENTS IN EACH SUBGRANT AG	REEMENT, F	INAL AND/	OR INTERIM	NARRATIVE AND	
FINANCIAL REPORTS ARE SUBMITTED	BY SUBGRAN'	TEE. THES	E REPORTS A	RE REVIEWED	
AND APPROVED BY THE PROGRAM STAF	F AND BY T	HE FINANC	E DIRECTOR.	AT A	
MINIMUM, ALL SUBGRANTS REQUIRE A	FINAL NAR	RATIVE RE	PORT.		
· · · · · · · · · · · · · · · · · · ·					

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information.

R STREET INSTITUTE

Employer identification number 26-3477125

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		37	
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		v	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
^				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
	Approvar by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			Х
a	The organization?	6a		X
b	Any related organization?	6b		
-	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7	X	
ρ	not described on lines 5 and 6? If "Yes," describe in Part III	7	21	
8	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
3	Regulations section 53.4958-6(c)?	9		
	negulations section 33.4930-0(c):	9		

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

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(6)(1)-(0)	reported as deferred on prior Form 990
(1) ELIAS ROTHENBERG-LEHRER	(i)	198,920.	25,000.	-8,654.	6,718.	10,638.	232,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ERICA SCHODER	(i)	174,399.	18,000.	-2,100.	5,790.	4,274.	200,363.	0.
VICE PRESIDENT & CORPORATE TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN KOSAR	(i)	170,423.	17,250.	600.	5,648.	407.	194,328.	0.
VICE PRESIDENT OF POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID CAMERON SMITH	(i)	163,565.	13,000.	-3,595.	5,316.	14,432.	192,718.	0.
VP OF IMPLEMENTATION & GEN. COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) IAN ADAMS	(i)	134,192.	11,500.	0.	4,371.	407.	150,470.	0.
ASSOCIATE VP, STATE AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.
PART I, LINE 1A:
AS PART OF THE WELLNESS BENEFITS OFFERED TO FULL TIME STAFF, THE COMPANY
REIMBURSES HEALTH CLUB DUES UP TO A CERTAIN AMOUNT PER YEAR.
PART I, LINE 7:
THE ORGANIZATION PROVIDED BONUSES TO THE FOLLOWING OFFICERS/EMPLOYEES:
ELIAS ROTHENBERG-LEHRER \$25,000
ERICA SCHODER \$18,000
KEVIN KOSAR \$17,250
DAVID CAMERON SMITH \$13,000
IAN ADAMS \$11,500
RAY LEHMANN \$9,500
ARTHUR RIZER \$11,700

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

R STREET INSTITUTE

Employer identification number 26-3477125

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THAT OTHER GROUPS TEND TO NEGLECT. OUR SPECIALTY IS TACKLING ISSUES THAT ARE COMPLEX, BUT DON'T NECESSARILY GRAB MAJOR HEADLINES. THESE ARE THE AREAS WHERE WE THINK WE CAN HAVE A REAL IMPACT. WE BELIEVE FREE MARKETS WORK BETTER THAN THE ALTERNATIVES. AT THE SAME TIME, WE RECOGNIZE THE LEGISLATIVE PROCESS CALLS FOR PRACTICAL RESPONSES TO CURRENT PROBLEMS. TOWARD THAT END, OUR MOTTO IS "FREE MARKETS. REAL SOLUTIONS."

WE ALSO DIFFER FROM OTHER GROUPS ON THE POLITICAL RIGHT IN OUR DEDICATION TO BUILDING BROAD COALITIONS, WORKING WITH A WIDE ARRAY OF GROUPS WHO SHARE SPECIFIC POLICY GOALS. THIS MAKES US UNIQUELY CAPABLE OF BUILDING SUPPORT FOR PRAGMATIC, FREE-MARKET PROPOSALS THAT CAN EARN BIPARTISAN CONSENSUS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: ALLOW HOMEOWNERS TO INVEST IN ROOFTOP SOLAR, GEOTHERMAL OR WIND ENERGY SOURCES, AS THESE GIVE THEM INDEPENDENCE FROM ELECTRICITY PROVIDERS AND CREATE MORE RENEWABLE ENERGY. WE ALSO PROMOTE POLICIES THAT EMBRACE CONSUMER CHOICE, PROTECT PROPERTY RIGHTS IN CLEAN ENERGY AND PROVIDE A LEVEL PLAYING FIELD FOR ALL SOURCES OF ENERGY TO COMPETE IN A COMPETITIVE MARKET.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: COMPETITION BETWEEN DIGITAL ECOSYSTEMS, HOW TO FACILITATE BROADBAND DEPLOYMENT AND HOW TO FURTHER THE ALLOCATION OF SPECTRUM FOR 5G. AS A LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization **Employer identification number** R STREET INSTITUTE 26-3477125

RESULT, WE WERE HEAVILY CITED IN THE FEDERAL COMMUNICATION COMMISSION'S RESTORING INTERNET FREEDOM ORDER IN 2017.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: SUBSIDIES THROUGH THE NATIONAL FLOOD INSURANCE PROGRAM AND THE FEDERAL CROP INSURANCE CORPORATION, AND EXPLORING THE BENEFITS OF MITIGATION THROUGH PROGRAMS LIKE THE RESTORE ACT AND THE COASTAL BARRIER RESOURCES SYSTEM.

R STREET HELPED TO CREATE THE INSURANCE RULES GOVERNING RIDESHARING AT THE STATE LEVEL, BRINGING TOGETHER RIDESHARING AND INSURANCE FIRMS UNDER AGREED-UPON REGULATORY FRAMEWORK.

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

HARM REDUCTION: THE HARM REDUCTION PROGRAM AIMS FOR INTEGRATED HARM REDUCTION WITH TOBACCO, OPIOID AND SEXUAL BEHAVIOR AS CENTRAL ELEMENTS. WE BELIEVE THAT "ABSTINENCE ONLY" APPROACHES TO RISKY BEHAVIORS WILL NOT WORK ON A POPULATION-WIDE BASIS. AS SUCH, WE EMPHASIZE HARM-REDUCTION APPROACHES THAT ACCEPT THAT HARMFUL BEHAVIOR MAY CONTINUE EVEN AS WE SEEK TO MITIGATE - IF NOT ELIMINATE - THE HARMS INVOLVED.

IN ADDITION TO OUR WORK ON TOBACCO HARM REDUCTION, R STREET IS EXPANDING OUR WORK ON OPIOID HARM REDUCTION. ACCORDINGLY, WE RECOGNIZE THE VITAL ROLE THAT OPIOIDS PLAY IN REDUCING CHRONIC PAIN WHILE PROPOSING APPROACHES THAT REDUCE THE RISK OF ADDICTION. WE PROMOTE SYRINGE ACCESS PROGRAMS AND POLICIES THAT RESTRICT THE ABUSE OF OPIOIDS AND ENSURE THAT THEIR USE DOES NOT RESULT IN UNINTENDED CONSEQUENCES,

Name of the organization **Employer identification number** R STREET INSTITUTE 26-3477125 SUCH AS ILLICIT USE OF OTHER DRUGS. EXPENSES \$ 646,012. INCLUDING GRANTS OF \$ 317. REVENUE \$ 0. CRIMINAL JUSTICE: THE CRIMINAL JUSTICE POLICY PROGRAM PRODUCES RESEARCH AND COMMENTARY ON PUBLIC POLICY RELATED TO ALL STAGES OF THE JUSTICE SYSTEM. THIS INCLUDES POLICING, PRETRIAL POLICY, SENTENCING, INCARCERATION, JUVENILE JUSTICE AND REENTRY. WE WORK ACROSS THE IDEOLOGICAL SPECTRUM TO PROVIDE POLICYMAKERS WITH REFORMS THAT PRIORITIZE PUBLIC SAFETY, DUE PROCESS, INDIVIDUAL LIBERTY AND FISCAL RESPONSIBILITY. WE ENGAGE WITH CENTER-RIGHT STAKEHOLDERS AT THE FEDERAL AND STATE LEVELS TO SHOW HOW JUSTICE REFORMS ARE CONSISTENT WITH CONSERVATIVE PRINCIPLES AND TO IMPROVE THE EFFICACY OF THE JUSTICE SYSTEM. OUR EFFORTS INCLUDE A PUSH TO IMPROVE THE ECONOMIC PROSPECTS OF THE FORMERLY INCARCERATED, PROPOSED REFORMS OF THE PRE-TRIAL PROCESS SO AS TO MAKE IT CONSISTENT WITH DUE PROCESS AND RECOMMENDATIONS FOR CHANGING HOW THE SYSTEM ENGAGES WITH VIOLENT YOUTH OFFENDERS. EXPENSES \$ 1,002,388. INCLUDING GRANTS OF \$ 157,345. REVENUE \$ 0. GOVERNANCE: THE GOVERNANCE PROJECT AIMS TO ASSESS AND IMPROVE THE STATE OF AMERICA'S NATIONAL SYSTEM OF SELF-GOVERNANCE, WITH PARTICULAR ATTENTION TO CONGRESS. IT PRODUCES RESEARCH PAPERS AND POPULAR WRITING ABOUT OUR NATIONAL LEGISLATURE AND OUR SEPARATION-OF-POWERS SYSTEM. THE PROJECT ALSO CODIRECTS THE LEGISLATIVE BRANCH CAPACITY WORKING GROUP WITH NEW AMERICA AND MEETS WITH CONGRESSIONAL STAFF AND MEMBERS TO DISCUSS CONGRESSIONAL AND GENERAL GOVERNMENT REFORM ISSUES. THE GOVERNANCE TEAM PROPOSES WAYS TO STRENGTHEN CONGRESS AND EMPOWER

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Name of the organization R STREET INSTITUTE

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LEGISLATORS TO TAKE UP THEIR POWER AS THE FIRST BRANCH OF GOVERNMENT.

EXPENSES \$ 686,050. INCLUDING GRANTS OF \$ 259. REVENUE \$ 0.

COMMERCIAL FREEDOM: THE COMMERCIAL FREEDOM PROGRAM ADDRESSES GOVERNMENT

BARRIERS THAT HARM BUSINESSES AND PEOPLE. GENERALLY, WE SUPPORT

MARKET-ORIENTED POLICY SOLUTIONS THAT ENHANCE FREE ENTERPRISE, CONSUMER

CHOICE AND PUBLIC WELLBEING. TO THIS END, OUR TEAM FOCUSES PRIMARILY ON

OCCUPATIONAL LICENSING, ALCOHOL POLICY, SHIPPING AND POSTAL POLICY,

HEALTHCARE DISINTERMEDIATION AND REGULATORY REFORM.

WITH RESPECT TO HEALTHCARE DISINTERMEDIATION, WE BELIEVE THAT THE

CURRENT SYSTEM FOR ACCESSING CONTRACEPTION RESTRICTS WOMEN'S

REPRODUCTIVE AND ECONOMIC FREEDOM AND IMPOSES NEEDLESS BURDENS ON THE

VAST MAJORITY OF SEXUALLY ACTIVE AMERICANS (MEN INCLUDED). OUR ULTIMATE

OBJECTIVES ARE TWOFOLD. FIRST, WE WOULD LIKE TO SUPPORT THE EFFORT TO

EXPAND WOMEN'S ACCESS TO CONTRACEPTION IN ORDER TO GIVE THEM GREATER

AUTONOMY OVER THEIR REPRODUCTIVE HEALTH AND REDUCE THE PUBLIC HEALTH

BURDEN OF UNPLANNED PREGNANCIES. WE AIM TO IMPROVE ACCESS TO

CONTRACEPTION AND ADVANCE A RIGHT-OF-CENTER CASE FOR REPRODUCTIVE

RIGHTS BASED NOT ONLY ON INDIVIDUAL AUTONOMY AND GENDER EQUALITY BUT

ALSO ON ECONOMIC FREEDOM. OUR MESSAGES WILL FOCUS ON CONSUMER CHOICE,

THE LIMITED-GOVERNMENT BENEFITS OF CONTRACEPTION, INDIVIDUAL FREEDOM

AND DEREGULATION OF PROFESSIONAL LICENSING.

TO THIS END, WE AIM TO HAVE ALL FORMS OF BIRTH CONTROL THAT DO NOT

REQUIRE A SURGICAL PROCEDURE TO BE AVAILABLE EITHER FULLY OVER THE

COUNTER (IN THE CASE OF CERTAIN DRUGS) OR WITHOUT THE NEED FOR A

DOCTOR'S PRESCRIPTION (FOR CERTAIN DEVICES). SECOND, WE HOPE TO

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INITIATE A BROADER CONVERSATION ABOUT LICENSING REFORM IN THE MEDICAL

PROFESSION THAT WILL PAVE THE WAY FOR NEW, CONSUMER-DRIVEN WAYS OF

DELIVERING MORE AFFORDABLE AND CONVENIENT HEALTHCARE TO AMERICANS.

EXPENSES \$ 462,739. INCLUDING GRANTS OF \$ 135. REVENUE \$ 0.

LOBBYING

EXPENSES \$ 35,084. INCLUDING GRANTS OF \$ 12. REVENUE \$ 0.

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

THE FORM 990 WAS PREPARED BY THE EXTERNAL AUDITORS AND REVIEWED BY R

STREET'S OPERATIONS DIRECTOR AND THE BOARD OF DIRECTORS PRIOR TO FILING

WITH THE IRS.

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

OFFICERS, DIRECTORS AND ALL EMPLOYEES ARE REQUIRED TO ANNUALLY SIGN A

CONFLICT OF INTEREST POLICY STATEMENT. IT IS THE POLICY OF THE BOARD THAT

THE EXISTENCE OF ANY INTERESTS BE DISCLOSED BEFORE ANY TRANSACTION IS

CONSUMMATED. AFTER A POTENTIAL CONFLICT OF INTEREST IS DISCLOSED, THE BOARD

OR A DULY CONSTITUTED COMMITTEE THEREOF DETERMINES WHETHER A CONFLICT

EXISTS AND, IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED

TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO R STREET.

THE DECISION OF THE BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF ON THESE

MATTERS RESTS IN ITS SOLE DISCRETION, AND ITS CONCERN MUST BE THE WELFARE

OF R STREET AND THE ADVANCEMENT OF ITS PURPOSE.

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

THE COMPENSATION OF THE PRESIDENT/CHAIRMAN IS SET BY THE COMPENSATION

COMMITTEE AFTER REVIEWING COMPARABILITY DATA AND IS DOCUMENTED. THE

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Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization R STREET INSTITUTE	Employer identification number 26-3477125
COMPENSATION OF ALL OTHER EMPLOYEES IS EVALUATED AND SET	BY THE
PRESIDENT/CHAIRMAN BASED ON COMPARABILITY DATA AND IS DOC	CUMENTED. THE LAST
SALARY REVIEW TOOK PLACE IN DECEMBER 2017.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAMMATIC CONSULTANTS:	
PROGRAM SERVICE EXPENSES	857 632
MANAGEMENT AND GENERAL EXPENSES	15,662.
FUNDRAISING EXPENSES	1,055.
TOTAL EXPENSES	874,349.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	874,349.