** 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

A For the 2017 calendar year, or tax year beginning

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

and ending

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

Inspection

OMB No. 1545-0047

B (Check if pplicable	C Name of organization	D Employer identification number
V	Addres	R STREET INSTITUTE	
₽]chang∈ □Name		26-3477125
\vdash	_]chang∈ ∏Initial	, , , , , , , , , , , , , , , , , , ,	
H	return □Final	Number and street (or P.0. box if mail is not delivered to street address) 1212 NEW YORK AVENUE NW Room/s 900	uite E Telephone number 202-525-5717
	/return− -termin		2 222 222
	ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005	
H	⊒return ∏Applic	•	H(a) Is this a group return R for subordinates? Yes X No
	⊥tión pendin	SAME AS C ABOVE	H(b) Are all subordinates included? Yes No
		empt status: X 501(c)(3)	
		e: ► WWW.RSTREET.ORG	527 If "No," attach a list. (see instructions) H(c) Group exemption number ▶
			Year of formation: 2008 M State of legal domicile: DC
		Summary	real of formation. 2000 M State of legal dofficies. DC
		Briefly describe the organization's mission or most significant activities: SEE PART	TTT. LINE 1.
Activities & Governance	' '	briefly describe the organization's mission of most significant activities.	
rna	2	Check this box if the organization discontinued its operations or disposed of the continued its operations.	more than 25% of its net assets.
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)	3 9
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)	
es		Total number of individuals employed in calendar year 2017 (Part V, line 2a)	
Ĭ		Total number of volunteers (estimate if necessary)	
Act		Total unrelated business revenue from Part VIII, column (C), line 12	
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
			Prior Year Current Year
ne	l .	Contributions and grants (Part VIII, line 1h)	5,887,086. 8,262,264.
Revenue	l	Program service revenue (Part VIII, line 2g)	0. 0.
Вè	l .	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,190. 1,231.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,869. 125,525.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,946,145. 8,389,020.
		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)	3,226,561. 4,320,403.
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 101,160.	0.
Ä	l		1,414,915. 2,161,357.
	l .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,910,677. 6,853,303.
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,035,468. 1,535,717.
-SS	19	Revenue less expenses. Subtract line 18 from line 12	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year End of Year 3,311,687. 5,324,052.
Ass Bal	21	Total liabilities (Part X, line 26)	265,302. 741,950.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	3,046,385. 4,582,102.
Pa	art II	Signature Block	
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	
Sig	n	Signature of officer	Date
Her		ELIAS ROTHENBERG-LEHRER, PRESIDENT	
		Type or print name and title	
		Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	i	DAVID GRALING CPA	self-employed P00366995
		Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ► 52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 650N	
		BETHESDA, MD 20814-2930	Phone no. (301) 951-9090
May	the IF	S discuss this return with the preparer shown above? (see instructions)	X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE R STREET INSTITUTE IS A NONPROFIT, NONPARTISAN, PUBLIC-POLICY
	RESEARCH ORGANIZATION. OUR MISSION IS TO ENGAGE IN POLICY RESEARCH &
	OUTREACH TO PROMOTE FREE MARKETS & LIMITED, EFFECTIVE GOVERNMENT. WE
	WORK EXTENSIVELY ON BOTH STATE & NATIONAL POLICY, FOCUSING ON ISSUES
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 285, 110. including grants of \$) (Revenue \$)
	ENERGY & ENVIRONMENT: R STREET'S ENERGY PROGRAM SEEKS TO ADVANCE A
	CLEANER ENVIRONMENT AND A THRIVING ECONOMY THROUGH PRINCIPLES OF MARKET
	COMPETITION, LIMITED GOVERNMENT AND WELL-FOUNDED SCIENCE.
	PUT SIMPLY, WE RECOGNIZE THE RISKS POSED BY CLIMATE CHANGE AND PROMOTE
	POLICIES THAT HAVE CLIMATE BENEFITS AND APPEAL TO CONSERVATIVES ON A
	PRINCIPLED BASIS. TO THAT END, R STREET FOCUSES ON INITIATIVES THAT: 1)
	CUT REGULATION AND TAXES; 2) INCREASE COMPETITION, MARKET PRICING AND INNOVATION; AND 3) PROTECT PRIVATE PROPERTY RIGHTS. THESE POLICIES
	ULTIMATELY BOOST MARKET SIGNALS IN THE POWER SECTOR AND ALLOW A VARIETY
	OF FUELS TO OUTCOMPETE THE DIRTIEST ENERGY SOURCES, LIKE COAL AND
	RESIDUAL FUEL OIL. EXAMPLES OF SUCH POLICIES INCLUDE PROPOSALS THAT
	1 010 620 70 422
4b	(Code:) (Expenses \$ 1,219,638. including grants of \$ 78,433.) (Revenue \$ 1 TECHNOLOGY POLICY: THE TECHNOLOGY AND INNOVATION POLICY PROGRAM
	CONDUCTS RESEARCH AND ADVOCACY AROUND THE PUBLIC POLICY FRAMEWORKS THAT
	GOVERN BOTH ESTABLISHED AND EMERGING TECHNOLOGIES. WE EMBRACE
	"PERMISSION LESS INNOVATION," WHICH SEEKS TO LIMIT RESTRICTIONS ON
	INNOVATION UNDER MOST CIRCUMSTANCES.
	IN 2017, WE HAVE BECOME A NATIONALLY RECOGNIZED THOUGHT LEADER AND
	RESOURCE ON POLICIES RELATED TO HIGHLY AUTOMATED VEHICLES (HAVS). OUR
	EFFORTS HAVE BROUGHT ABOUT SIGNIFICANT CHANGES IN THE DIRECTION OF HAV
	POLICY.
	WE ALSO WORK ON TELECOMMUNICATIONS POLICY, EXAMINING HOW TO IMPROVE
4c	(Code:) (Expenses \$1,135,228 . including grants of \$134,672 .) (Revenue \$)
	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.
	INDITIONS.
	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.)
	(Expenses \$ 2,832,273 • including grants of \$ 158,068 •) (Revenue \$)
4e	Total program service expenses ▶ 6,472,249.
	Form 990 (2017)

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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 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		Х
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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		,.	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		Х
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		Х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

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

			Yes	No
20a	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			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			X
	complete Schedule L, Part II	26		
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			\ _{3,7}
	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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
- •	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		<u> </u>
55	Note. All Form 990 filers are required to complete Schedule O	38	Х	
	1301017 till 1 Still 200 tilloto dio roquirod to dorriptoto dorroddio O	1 30		

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				Ш
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 31			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v	
_	(gambling) winnings to prize winners?	I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 53			
	filed for the calendar year ending with or within the year covered by this return		1	Х	
р	If at least one is reported on line 2a, did the organization file all required federal employment tax return.		2b	Λ	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		2-		Х
3a			3a 3b		- 22
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other		30		
48	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
h	If "Yes," enter the name of the foreign country:	account)?	44		- 11
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 50		
ou	any contributions that were not tax deductible as charitable contributions?	-	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut				
_	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	,	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	/_	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the N/A			
			8		
9	Sponsoring organizations maintaining donor advised funds.	NT / 7			
а		N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:	140-1			
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: Gross income from members or shareholders N/A	11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
b	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	iza		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	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			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
			Eorm	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	9		
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	ssets?	. 5		Х
6	Did the organization have members or stockholders?		. 6		Х
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?			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	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 of				
	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 consciention have a written and first of interest and in O. If IIAI a II and to line 10		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?			Х	
15	Did the process for determining compensation of the following persons include a review and approve				
	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	ement 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 evaluation				
	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 ►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-				
	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 be	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.

☐ 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 on the check more than one				one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		h an	compensation	compensation	amount of		
	week			from	from related	other				
	(list any hours for	Individual trustee or director					the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	ee or (stee			nsateo		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	trust	ıal tru		yee	ompe				and related
	below	vidua	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	ibul	Inst	Officer	Key	High	Former			
(1) MARNI SOUPCOFF	0.50								•	•
BOARD CHAIR	0 50	Х		Х				0.	0.	0.
(2) TEVI TROY	0.50	,,							0	0
BOARD MEMBER	0 50	Х						0.	0.	0.
(3) MICHAEL COHEN	0.50	\ \							0	0
BOARD MEMBER	0.50	Х						0.	0.	0.
(4) ROBERT WATKINS	0.50	X						0.	0.	0
65) ROBERT INGLIS	0.50	^						0.	0.	0.
BOARD MEMBER	0.30	X						0.	0.	0.
(6) RYAN ALEXANDER	0.50	^						0.	· ·	<u></u>
BOARD MEMBER	0.50	X						0.	0.	0.
(7) PABLO CARRILLO	0.50							0.	0.	
BOARD MEMBER		x						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								_	
VICE PRESIDENT OF POLICY						Х		188,273.	0.	6,055.
(13) DAVID CAMERON SMITH	40.00							450 050		40 740
VP OF IMPLEMENTATION & GEN. COUNSEL	40.00					Х		172,970.	0.	19,748.
(14) IAN ADAMS	40.00							145 600	•	4 550
ASSOCIATE VP, STATE AFFAIRS	40 00					Х		145,692.	0.	4,778.
(15) ARTHUR RIZER	40.00					37		127 617	0.	1 517
CRIM. JUSTICE & CIVIL LIBERTIES DIR.	40.00					Х		137,617.	0.	4,547.
(16) RAY LEHMANN	40.00	ł				х		135,601.	0.	12,987.
DIR. OF FIN., INSUR. & TRADE POLICY				\vdash		^		133,001.	0.	14,301.
		ł								
			l		<u> </u>					- 000

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per	I (do not check more than one			than	one	(D) (E) Reportable Reportable compensation compensation			Es an			
	week (list any hours for related organizations below line)	director			irecto	Highest compensated // school compensated complexed compensated co	tee)	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	d s	other compensa from the organizat and relat organizati		ation le tion ted
		Ш											
		H											
1b Sub-total								1,185,718.		0.	7	5,5	
c Total from continuation sheets	to Part VII, Section A						>	0.		0.	<u> </u>		0.
d Total (add lines 1b and 1c)								1,185,718.		0.		5,5	35.
2 Total number of individuals (included)	uding but not limited to th	iose	liste	d at	oove	e) wh	no re	eceived more than \$100	,000 of reportab	le			
compensation from the organiza	tion											· ·	13
										ļ		Yes	No
3 Did the organization list any form													Х
line 1a? <i>If</i> "Yes," complete Sched 4 For any individual listed on line 1								ner compensation from			3		25
and related organizations greate											4	х	
5 Did any person listed on line 1a													
rendered to the organization? If	"Yes," complete Schedul	e J fc	or su	ıch j	pers	on .					5		Х
Section B. Independent Contractors	s												
 Complete this table for your five the organization. Report comper 	*	-								npens	ation f	rom	
the organization. Heport compet	(A)	cai c	, iuli	ig W	viti i	J1 W	10 1111	(B)	your.		(C	 ;)	
	d business address							Description of s		С	ompe		n
JAMES TAYLOR 1240 SUNNYBROOK DRI	VE, NAPERVILI	ĿΕ,	1	L	6()54		GRANT PORTFO SUPPORT	LIO		17	1,0	00.
							\neg						

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

		- ()	REET INST	LITUTE			26-34//	125 Page 9
Pa	rt V	/III Statement of Reve	enue					
		Check if Schedule O cor	ntains a response	e or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	a Federated campaigns	1a					3.2 3
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues						
£,G		c Fundraising events						
ifts ar A		d Related organizations						
3, E		e Government grants (contribu						
Sir		f All other contributions, gifts, gra						
ğğ		similar amounts not included ab		,262,264.				
흕		g Noncash contributions included in line						
Ser		h Total. Add lines 1a-1f			8,262,264.			
<u> </u>		11 Total: Add lines 1a-11		Business Code				
ø)	2	а		Dusiness Code				
Program Service Revenue								
Ser								
E S								
Re		d						
Pro		f All other program service rev	(00110					
		g Total. Add lines 2a-2f						
	3							
	3	other similar amounts)	-		1,231.			1,231.
	4				1,231,			1,231,
	5		•					
	3	noyalties	(i) Real	(ii) Personal				
	6	a Gross ronts	- (7	(II) Fersonal				
		a Gross rentsb Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)	•					
		a Gross amount from sales of						
	′		(i) Securities	(ii) Other				
		assets other than inventory b Less: cost or other basis						
		and sales expenses						
		c Gain or (loss) d Net gain or (loss)						
			na ovente (net					
Other Revenue	٥	a Gross income from fundraisi including \$						
Ver		contributions reported on lin						
æ								
her		Part IV, line 18	a	_				
ō		c Net income or (loss) from fur						
		a Gross income from gaming a		>				
	9	Part IV, line 19						
		b Less: direct expenses		_				
		c Net income or (loss) from ga						
		a Gross sales of inventory, les	-					
	10							
		and allowances						
		c Net income or (loss) from sa						
		Miscellaneous Reven		Business Code				
	11	a MOVING EXP. RE		900099	74,592.			74,592.
		b MISCELLANEOUS		900099	50,933.	+		50,933.
				7 3 3 3 3 3	30,333.	+		20,200
		d All other revenue						
		d All other revenue			125,525.			
	12	e Total. Add lines 11a-11d Total revenue. See instructions					n	126,756.
		. Otal 1010ilas. Odd ilisti addidiis	•		-,,	, J	J •	, , •

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		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	271 542	271 542		·
	and domestic governments. See Part IV, line 21	371,543.	371,543.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	432,985.	186,097.	200,364.	46,524.
•	trustees, and key employees	432,903.	100,097.	200,304.	40,524.
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	3,320,200.	3,203,220.	10,511.	32,137
0	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):	233,3011	23073331	2370301	3,330
''					
b		19,782.	18,359.	1,160.	263.
	Legal	27,980.	25,967.	1,641.	372.
	Lobbying	1,336.	1,336.	2,011.	3,2
	Professional fundraising services. See Part IV, line 17	2,0001	2,0001		
f	Investment management fees	2,370.			2,370.
g		2,0,00			
9	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	,	,	,	
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				
19	Conferences, conventions, and meetings	241,262.	233,003.	6,570.	1,689.
20	Interest	·	-	-	
21	Payments to affiliates				
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 O.)				
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)				

Form **990** (2017)

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any 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		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 officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ம	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
∛ 8			8	
9	Prepaid expenses and deferred charges	19,519.	9	39,168.
1	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 493,055.			
	b Less: accumulated depreciation 10b 7,593.	2,500.	10c	485,462.
11	Investments - publicly traded securities		11	<u> </u>
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 34)	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 of Schedule D		21	
	· · · · · · · · · · · · · · · · · · ·			
를	key employees, highest compensated employees, and disqualified persons.			
Liabilities 22	Complete Part II of Schedule L		22	
تّ ₂₃	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	0.	25	395,880.
26	Total liabilities. Add lines 17 through 25	265,302.	26	741,950.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
g 	complete lines 27 through 29, and lines 33 and 34.			
ଅଁ 27	Unrestricted net assets	1,180,685.	27	3,082,968.
<u>g</u> 28	Temporarily restricted net assets	1,865,700.	28	1,499,134.
일 29			29	
듄	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
<u></u>	and complete lines 30 through 34.			
ई 30	Capital stock or trust principal, or current funds		30	
š 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances 22 28 29 30 31 32 32	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33	Total net assets or fund balances	3,046,385.	33	4,582,102.
34	Total liabilities and net assets/fund balances	3,311,687.	34	5,324,052.

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	2 6 3 1	,38 ,85 ,53 ,04	3,3 5,7	03. 17.	
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	, 58	2.1	02.	
Pai	rt XIII Financial Statements and Reporting	10 3	, 50	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No	
	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	
h	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate		2b	Х		
С	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		_X_	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000		
			Form	990 ((2017)	

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. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 above (see instructions))

Total

13

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17

Schedule A (Form 990 or 990-EZ) 2017

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.
	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						, ,
Cale	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.
9	Net income from unrelated business		-		· · · · · · · · · · · · · · · · · · ·	,	· · · · · · · · · · · · · · · · · · ·
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	15,488.	26,253.	26,261.	7,089.	125,525.	200,616.
11	Total support. Add lines 7 through 10		-				23,735,466.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	625.
13	•	,	,			n 501(c)(3)	
	organization, check this box and stop	here			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				·
	Public support percentage for 2017 (I			olumn (f))		14	61.47 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	57.62 %
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				►X
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a ¡	oublicly supported	organization		>
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	>
<u>18</u>	Private foundation. If the organization						
						dula A (Earm 000	

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.)

Section A. Public Support	, 1	,				
Calendar 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						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 📗	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired ofter June 20, 1075						
c Add lines 10a and 10b						
11 Net income from unrelated business				1	1	
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)			<u> </u>	L	<u> </u>	L
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 section	on 501(c)(3) organiz	zation,
						>
Section C. Computation of Public					1 1	
15 Public support percentage for 2017 (lin					15	%
16 Public support percentage from 2016					16	%
Section D. Computation of Inves						
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2017. If the o	organization did n	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2016. If the o	organization did n	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and st	op here. The orga	nization qualifies	as a publicly supp	orted organization	
20 Private foundation If the organization						

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		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
00		
6		
7		
8		
9a		
9b		
9с		
10-		
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			
000	non of Type in 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		163	140
•	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			
		1		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	•		
<u> </u>	non B. All Type III Supporting Organizations	1	Yes	Na
4	Did the expenientian provide to each of its supported expenientians, by the last day of the fifth month of the		res	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			
<u> </u>	supported organizations played in this regard.	3		
	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).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>		,	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction of the control o	ctions Î		
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	_		
	· · · · · · · · · · · · · · · · · · ·	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			
	· · · · · · · · · · · · · · · · · · ·	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			
	··· • • • • • • • • • • • • • • • • • •	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 Orgar	nizations			
1	cross-riors in this organization can enter a set a set and a set and a set of rior contract and					
	other Type III non-functionally integrated supporting organizations must complete Sections 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):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
c	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
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 integrat	ed Type III supporting org	anization (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	es of supported organization	is	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualifi	ed 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	utions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provid	de details in Part VI). See instructions.			
9	Distrib	utable 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	utable 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	d to underdistributions of prior years			
h	Applie	d to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	utions for 2017 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2017 distributable amount			
С		nder. Subtract lines 4a and 4b from 4.			
5		ning underdistributions for years prior to 2017, if			
	,	ubtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6		ning underdistributions for 2017. Subtract lines 3h			
		o 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 3h 25 4h 45 5a 6 9 0h 0c 11a 11h and 11c Part IV Section B lines 1 and 2 Part IV Section C
	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.)
	(See instructions.)
-	
•	
_	

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

Department of the Treasury Internal Revenue Service **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

Name of the organization

Employer identification number

R STREET INSTITUTE

26-3477125

Organization type (check one):						
Filers of:	Sec	etion:				
Form 990 or	990-EZ <u>X</u>	501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990-PI	=	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 you	ır organization is cov	ered by the General Rule or a Special Rule .				
-	-	8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rui	le					
		g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rul	es					
sec any	ctions 509(a)(1) and 1 one contributor, du	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under I70(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ring 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; 1. Complete Parts I and II.				
yea	ar, total contributions	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for y to children or animals. Complete Parts I, II, and III.				
yea is c pur	ar, contributions excl checked, enter here t pose. Don't complet	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the usively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box he total contributions that were received during the year for an exclusively religious, charitable, etc., e any of the parts unless the General Rule applies to this organization because it received nonexclusively c, contributions totaling \$5,000 or more during the year \bigset				
but it must a	answer "No" on Part	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

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)

723451 11-01-17

Name of organization Employer identification number

R STREET INSTITUTE 26-3477125

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		175,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and Zir + 4	\$ 366,000.	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
3		\$ 280,624.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions - \$ 655,000.	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
5		\$ 460,000.	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
6 <u>6</u>	railie, audi 655, aliu ZIF + 4	\$ 525,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

R STREET INSTITUTE 26-3477125

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7			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
8		\$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 Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, audiess, and zir + +	\$\$\$	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		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number 26-3477125

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	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 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
	Nume, address, and Zir + 4	\$	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.)

R STREET INSTITUTE

26-3477125

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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 orga	ınization			Employer identification number
R STRE	ET INSTITUTE			26-3477125
Part III		ributions to organizations describ	ed in section 501	(c)(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,00	or less for the year.	(Enter this info. once.)
(a) No	Use duplicate copies of Part III if addition	al space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
raiti				
.				
		(e) Transfer of	gift	
			-	
_	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
<u> </u>				
.				
		(e) Transfer of	l qift	
			•	
_	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
-				
(a) No			ı	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
1 4111				
.				
		(e) Transfer of	gift	
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
.				
-		_		
		(e) Transfer of	gift	
<u> </u>	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee
-				

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Open to Public Inspection

OMB No. 1545-0047

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	· · · · · · · · · · · · · · · · · · ·	, (,	,, (
	501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name of org	R STREE	T INSTITUTE panization is exempt unde	or soction 501(a)		loyer identification number
1 Provide2 Politica	a description of the organiz	eation's direct and indirect political ures	ıl campaign activities ir	n Part IV. ▶\$	
Part I-B	Complete if the org	janization is exempt unde	er section 501(c)(3).	
1 Enter th	ne amount of any excise tax	incurred by the organization unde	er section 4955	▶ \$	}
2 Enter th	ne amount of any excise tax	incurred by organization manage	rs under section 4955	▶ \$	S
4a Was a	correction made?	n 4955 tax, did it file Form 4720 f			
b If "Yes, Part I-C	describe in Part IV. Complete if the ord	ganization is exempt unde	er section 501(c).	except section 501	(c)(3).
 exempt Total expline 17t Did the Enter the made potential 	function activities kempt function expenditures filing organization file Form he names, addresses and er ayments. For each organiza utions received that were pr	ization's funds contributed to oth 5. Add lines 1 and 2. Enter here ar 1120-POL for this year? Inployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provided to the state of the stat	nd on Form 1120-POL, I) of all section 527 pol from the filing organizes	itical organizations to which ation's funds. Also enter the inization, such as a separate	Yes No ch the filing organization ne amount of political
	(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

P	art II	-A		ation is exempt under section 501(c)(3) and file	ed Form 5768 (el	ection under
			section 501(h)).			
Α	Check		if the filing organization b	elongs to an affiliated group (and list in Part IV each affiliated	group member's name	e, address, EIN,
			expenses, and share of	xcess lobbying expenditures).		
В	Check		if the filing organization of	necked box A and "limited control" provisions apply.		
				Lobbying Expenditures 5" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Tot	al lol	bbying expenditures to influence	public opinion (grass roots lobbying)	0.	
	b Tot	al lol	bbying expenditures to influence	a legislative body (direct lobbying)	35,084.	
	c Tot	al lol	bbying expenditures (add lines 1	a and 1b)	35,084.	
			xempt purpose expenditures		6,818,219.	
	e Tot	al ex	cempt purpose expenditures (ad	lines 1c and 1d)	6,853,303.	
	f Lot	byir	ng nontaxable amount. Enter the	amount from the following table in both columns.	492,665.	
	If th	ie an	nount on line 1e, column (a) or (b) i	The lobbying nontaxable amount is:		
	No ⁻	t ove	er \$500,000	20% of the amount on line 1e.		
	Ov	er \$5	500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Ov	er \$1	,000,000 but not over \$1,500,00	9 \$175,000 plus 10% of the excess over \$1,000,000.		
	Ov	er \$1	,500,000 but not over \$17,000,0	00 \$225,000 plus 5% of the excess over \$1,500,000.		
	Ov	er \$1	7,000,000	\$1,000,000.		
	g Gra	assro	oots nontaxable amount (enter 2	% of line 1f)	123,166.	
	h Sul	otrac	ct line 1g from line 1a. If zero or le	ss, enter -0-	0.	
	i Sul	otrac	ct line 1f from line 1c. If zero or le	ss, enter -0-	0.	
	j If th	nere	is an amount other than zero on	either line 1h or line 1i, did the organization file Form 4720	_	
	rep	ortin	ig section 4911 tax for this year?		L	Yes No
				4-Year Averaging Period Under section 501(h)		
			(Some organizations that m	ade a section 501(h) election do not have to complete all o	of the five columns by	alow

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

	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 throug 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? 		Yes			
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 throug 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?		l	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 throug 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?					
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c throug 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? 					
 b Paid staff or management (include compensation in expenses reported on lines 1c throug 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? 					
 b Paid staff or management (include compensation in expenses reported on lines 1c throug 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? 					
 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? 					
 d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? 					
Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?					
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					
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 49					
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	501(c)	5). or s	ection	
501(c)(6).	.,, 000	(.)((0), 0. 0.		
				Yes	N
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 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 expenditu	res from the	prior year	? 3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are ar					
answered "Yes."			1	1	
answered "Yes."			1		
answered "Yes." 1 Dues, assessments and similar amounts from members			1		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid).	ts of politica	ıl			
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). a Current year	ts of politica		2a		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). Current year b Carryover from last year	ts of politica		2a		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). Current year Carryover from last year C Total	ts of politica		2a 2b 2c		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). Current year Carryover from last year	ts of politica		2a 2b 2c		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(ts of politica	l 	2a 2b 2c		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162((e) dues	l ss litical	2a 2b 2c 3		
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162((e) dues n of the exce	ss litical	2a 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 Accou	Ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	, ,	(a) Donor advised funds	(b) Fun	ds 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		ed funds	
	are the organization's property, subject to the organization's	•		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
			-	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizat		•	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically impor	tant land area
	Protection of natural habitat	Preservation of a certif		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conserva	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation eas	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easemei	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	•		
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes t	he organiza	tion's accounting for
	conservation easements.	(4 . 10	. 0: ::	
Pa			ner Simil	ar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exl		ice of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, _l	provide the following amounts
	relating to these items:		_	
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$
_				*
2	If the organization received or held works of art, historical tre		gaın, provid	le
	the following amounts required to be reported under SFAS 1			Φ.
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			Ф

732051 10-09-17

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

Schedule D (Form 990) 2017

	rt III Organizations Maintaining Co	ollections of A		rical Tr	easures. or	Other	Simil		ts/continu		ige Z
	Using the organization's acquisition, accessio										
Ū	(check all that apply):	ii, and other rootic	.0, 0110011	arry or tire	Tollowing that a	. o a oigi	modine	400 01 110	00110011011	10111	-
а	Public exhibition	d	ı 🗀 16	an or exc	hange programs	8					
b		e		her	nango programa	_					
C	Preservation for future generations	•									
4	Provide a description of the organization's col	lections and explai	n how the	v further tl	he organization'	s exemi	nt nurna	nse in Pari	+ XIII		
5	During the year, did the organization solicit or							Joe IIII ali	t Am.		
J	to be sold to raise funds rather than to be mai								Yes		No
Pai	rt IV Escrow and Custodial Arrang										110
	reported an amount on Form 990, Part		310 11 1110 0	rgarnzatio	Transwered Te	,5 0111	01111 000), r are rv,			
1a	Is the organization an agent, trustee, custodia		diary for co	ntribution	s or other asset	ts not in	cluded				
	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII a								_ 103		110
b	ii res, explain the arrangement in rait Am a	ind complete the id	mowning tai	Jie.					Amount		
_	Beginning balance						1c		Amount		
							1d				
	Additions during the year						1e				
f	J ,						1f				
	Ending balance Did the organization include an amount on Fo						-		Yes		No
	If "Yes," explain the arrangement in Part XIII.					-	·		J 162]
	rt V Endowment Funds. Complete if										
		(a) Current year	(b) Prid		(c) Two years b			ears hack	(a) Four	/ears l	nack
12	Beginning of year balance	(a) Current year	(6)1110	or your	(C) Two yours b	uon (u	, 111100 y	ouro buon	(C) rour	, our o	Juon
	Net investment earnings, gains, and losses										
d											
-											
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the curre	ant year and balance	o (lino 1 a	oolumn (c)) hold oo:	<u> </u>					
2		erit year erid baland	e (iirie Tg, %	COIUITIIT (a	a)) Helu as.						
a b	_	%									
	Temporarily restricted endowment	⁷⁰									
·	The percentages on lines 2a, 2b, and 2c shou										
22	Are there endowment funds not in the posses	· · · · · · ·	ation that	aro hold a	nd administored	d for the	organi-	zation			
Ja	by:	Sion of the organiz	ation that	are rielu a	ila administered	1 101 1116	organiz	Lation	Г	Yes	No
	(i) unrelated organizations								3a(i)	103	110
	(ii) related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organizat										
4	Describe in Part XIII the intended uses of the								_ <u> </u>		
Pai	rt VI Land, Buildings, and Equipme	ent.	WITHERITE TU	ius.							
	Complete if the organization answered) Part IV	line 11a S	See Form 990 P	art X lir	ne 10				
	Description of property	(a) Cost or o			1	(c) Acc		2d	(d) Book	value	
	Description of property	basis (investr			(other)		eciation		(u) Dook	value	,
10	Land	<u> </u>		24010	(= 00.)	Sopie	2.4.011				
	Land		+								
	Buildings Leasehold improvements		- 	39	5,880.				395	. 88	30 -
					5,650.		7,5	93.			57.
	=4		+		1,525.		. , 5			, 52	
	Other		V ooluman		_				485	•	

Schedule D (Form 990) 2017

Part VII Investments - Other Securities

Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Tatal (Cal /b) reveal arrival Forms 000 Point V and /D) line 10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				
	a.a. Fa 000 David IV	line 11 - Can Fairm 000	Doub V. line 10	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	, line 11c. See Form 990,	aluation: Cost or en	d-of-year market value
	(b) Book value	(c) Welliod of v	aldation. Cost of Cir	d or year market value
<u>(1)</u> (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"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>	
Part X Other Liabilities.	5 000 B . II.	" 44 446 5		_
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Forr (b) Book value	n 990, Part X, line 25	Ö.
1. (a) Description of liability		(b) book value		
(1) Federal income taxes (2) DEFERRED LEASEHOLD IMPROV	EMENT			
(-)	EMENT	395,880.		
		393,000.		
(4)				
(5)				
<u>(6)</u>				
(7)				
(8) (9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25)	395,880.		
Total. (Column to) must equal i omi 330, i art A, col. (D) iiii	·/	223,000.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

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 R STREET	INSTITUTE	}					Employer identification number 26-3477125
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?				y for the grants or ass		tion X Yes No
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	ic Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addit	tional space is need	led.			
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 noncash assistance	(h) Purpose of grant or assistance
IMPACT JUSTICE							
2633 TELEGRAPH AVE., SUITE 104 OAKLAND, CA 94612	47-3363891	501(C)(3)	20,000.	0.			SUBGRANT - PROGRAM SUPPORT
<u> </u>	17 0000071	001(0)(0)	20,000.				
AMERICAN CONSUMER INSTITUTE P.O. BOX 2161 RESTON, VA 20195	20-8601897	501(C)(3)	65,000.	0.			SUBGRANT - PROGRAM SUPPORT
·			,				
JOHN LOCKE FOUNDATION 200 W. MORGAN STREET SUITE 200 RALEIGH, NC 27601	59-2811908	501(C)(3)	15,000.	0.			SUBGRANT - PROGRAM SUPPORT
RABBIGII, NC 27001	33 2011300	501(0)(3)	13,000.	0.			DOTTORT
JAMES MADISON INSTITUTE 100 N. DUVAL STREEET TALLAHASSEE, FL 32301	56-1656943	501(C)(3)	52,000.	0.			SUBGRANT - PROGRAM SUPPORT
TEXAS PUBLIC POLICY FOUNDATION 900 CONGRESS ST., STE 400 AUSTIN, TX 78701	74-2524057	501(C)(3)	117,000.	0.			SUBGRANT - PROGRAM SUPPORT
,			, ,				
COPIA INSTITUTE 370 CONVENTION WAY REPWOOD CITY CA 94063	04 2202450	NT / 2	79 000	0			SUBGRANT - PROGRAM
REDWOOD CITY, CA 94063	l .	N/A	78,000.	0.			SUPPORT 6.
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization	•	•	ie iirie i table				1.

Part II Continuation of Grants and Otl	her Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	I
(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
NATIONAL AFFAIRS							
1730 M STREET NW SUITE 910							SUBGRANT - PROGRAM
ASHINGTON, DC 20036	13-6207054	501(C)(3)	20,000.	0.			SUPPORT
							Cabadula I/Farma

(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	n required in Part I, lin	e 2; Part III, colum	l n (b); and any other a	dditional information.	
PART I, LINE 2:					
SUBGRANTS ARE MONITORED BY THE	PROGRAM STA	FF AND, D	EPENDING ON	THE	
REQUIREMENTS IN EACH SUBGRANT A	GREEMENT, F	INAL AND/	OR INTERIM	NARRATIVE AND	
FINANCIAL REPORTS ARE SUBMITTED	BY SUBGRAN'	ree. Thes	E REPORTS A	RE REVIEWED	
AND APPROVED BY THE PROGRAM STA					
MINIMUM, ALL SUBGRANTS REQUIRE					
The solution in the solution i					

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

R STREET INSTITUTE

Employer identification number 26-3477125

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 X 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			
	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,			
	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 Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or 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		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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:			
а	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

732111 10-17-17

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-MISC compensation			(C) Retirement and other deferred benefits	(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)							
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	(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) Name of the organization R STREET INSTITUTE

Employer identification number 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

28560 1

732212 09-07-17

Name of the organization R STREET INSTITUTE

Employer identification number 26-3477125

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

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

Name of the organization R STREET INSTITUTE

Employer identification number 26-3477125

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

732212 09-07-17

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 DOO	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.