Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A. For the 2008 ca

200	2011	100000	1000000	ndar year, or ta				, 2008,			200000		- y :	. 2	0	
B	Check If a		Pleace se IRS	C Name of organia	sation PHA	RMACEU	TICAL RES	EARCH AND	MAN C	UFACTU	D Emple	yer id	entific	ation nu	mber	
F	char	190	abel or	Doing Business	F 41174					35.5	53-	024	1211			
L	Fine	e creede fic	bype.	Number and str	eet (or P.O. br	ox if mail is	not delivered to st	reet address)	F	Room/suite		hone n	umber		-	
L	1989	el return	See	950 F STRE	SET, NW					300	120	21 B	75-	3400		
L	Terr		pecific ostruc-	City or town, sta	its or country,	and ZIP + 4					120	210.	of the same	2900	_	_
L	Atte		tions,	WASHINGTON	I. DC 20	0004					G Gross	merein		000		
L	Appl	ication ting	F Na	me and address	of principal of	officer; BT	LLY TAUZI	100	0.00		H(a) is the		-	ZBU	Yes	770.
			950	F STREET.	NW. SUN	TE 30	O WASHING	TON, DC 2	0000		affina	0es7		-	- 100	X No
	Tax-e	empt state	us:	X 501(c) (-6) 4 (insert	no.)	4947(a)(1) or	527	0004	1117/111	H(b) Are			S 12 2 1 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2	Yes	No
Г	Webs	ite: 🕨 1	MMM	PHRMA, ORG		- d	1217(1)(1) 01	1 1021		8 (4)	1			(See instr	10752 E E E E	
(Type	of organiza		X Corporation	Trust	Associa	tion Other		1. 7		H(c) Grou	the same of the same of				_
P	art I	Sum		24	11000	Transcent .	out Other		12.7	ear or roma	ition: 195	8 M	State	of legal d	omicile:	DE
	1	T. 9 P.0081	-			70000		2010						_	_	
	1.	DUDM	a re	be the organization	on's mission	or most s	ignificant activit	ies:								
3		THEP	23	MISSION IS	MINNIN	IG ADV	DCACY_FOR	PUBLIC P	OLIC	IES_TH	AT_ENC	OUR	AGE.			
Governance		ARE I	1757	OVERY OF 1	JFE-SAV	ING_A	ND_LIFE-E	NHANCING	NEW /	MEDICI	NES FO	R				
9		PALLI	ENT:	BY PHARMA	CEUTICA	M/BIO	rechnolog.	X_RESEARC	H_CO	MEANIE	S					
ö	2	Check i	ms oc	× ▶ ☐ if the	organization	i discontin	nued its operati	ions or disposed	d of mor	e than 25%	% of its ass	ets.				
		Number	01 W	ing members of	the governing	ng body (F	'art VI, line 1a)		er worken				3			34
Activities	4	Number	of in	dependent voting	members o	if the gove	erning body (Pa	rt VI, line 1b)				100000	4			33
20	5			of employees (Pa									5	3.5	1	96
4				of volunteers (es									6			
	7a	Total gr	oss u	nrelated business	revenue from	m Part VII	I, line 12, colum	n (C)					7a			- 53
_	b	Net unre	elated	l business taxable	e income from	m Form 99	90-T, line 34 .	,				:::	7b			
		2000									Prior '	rear .		Cu	rrent Y	ear
9	8	Contribu	ution :	and grants (Part \	/III, line 1h)			or pale				N	ONE			NONE
Revenue	9	Program	n serv	ice revenue (Part	VIII, line 2g)	2.2.2.2.0					245,15		THE REAL PROPERTY.	252	497	, 695.
ê	10	mwesum	SCHOOL SEC	come (Part VIII, I	column (A), I	mes 3, 4,	and 7d)				100-100 DOM: N	0.000	-	100	-	,015.
	11	Other re	venu	e (Part VIII, colur	nn (A), fines	5, 6d, 8c.	9c, 10c, and 11	le)			6,950,617. 5,476.				CONTRACTOR OF	,873.
	12	Total rev	venue	- add lines 8 thr	ough 11 (mu	ust equal F	Part VIII, column	(A), line 12)			252,11	_	_	254		,583.
	13	Grants a	and si	milar amounts pa	id (Part IX, o	column (A)	, lines 1-3)				22777	1.75-00AC	ONE	- CONTRACTOR		
	14	Benefits	paid	to or far member	s (Part IX, co	olumn (A).	line 4)				That I	1000	ONE	- 11	1032	, 944.
:	15	Salaries	, othe	er compensation,	employee be	enefits (Pa	art IX, column (A), lines 5-10)			43,59		-	47	020	NON
Expanses	16a	Professi	ional t	fundraising fees (I	Part IX, colur	mn (A), lin	a 44a)				32133	-	ONE	4.7	, 839	,215.
Ř	b			ing expenses, Pa								IN	OWE		_	NON
ш	17			es (Part IX, colum							211 22		-	200	0.0-	
	18	Total exp	pense	s. Add lines 13-1	17 (must equ	al Part IX	column (A), lin	e 25)			211,33		_			,022.
	19	Revenue	eless	expenses, Subtr	act line 18 for	om line 12	2			* * * * *	254,93	10000				,181,
3										•••	-2,82 Beginning	-	-			,598.
Fund Balance	20	Total ass	sets (1	Part X, line 16)						1000	100000		-		d of Ye	_
ē	21			(Part X, line 26)							129,55	_	-	10000		,352,
5	22			fund balances. S		21 from lic	ne 20				45,20	2000	1000	47.00		,413.
a	rt II			Block							84,35	3, 35	52.	54	,078	,939,
		Under p	enaltie	s of neckey 1 dect	are that I ha	un evenie	and this entree .	et of a					2.00		Harris and	
		and belie	ed, it i	s of perjury, I ded is true, correct, and	d complete. [Declaration	of preparer (ott	er than officer)	in based	thedules and on all info	d statement comption of	s, and which	to th	e best o	f my kn	owledge
S	ign										1	,			uny kan	Onnoge,
	ere	Sig	matur	e of officer		-	1000		300		0-		_	25.75		
											Da	e				
		Typ	pe or p	print name and title							to Control			1,62.1		
Ę	- 5	Prepare		4-				Date		Check if		0	man de	Many		
iid		signatur		•				4.40		self-	. —		instruc	identifyin ctions)	g numbe	M
	arer's	Firm's na	me (o	yours KPMG	***					employed			PO	0485	827	
ie i	Only	if self-em address,	ployed and 21								EIN	-	13	-556	5207	
gw.	the II				PERNATIONAL	DRIVE N	CLEAN, VA 221	02-4848			Phone no.	>	70	3-28	6-80	00
4	Deisse	n Act -	d D	s return with the	preparer sno	will above	r (see instruction	ons)						XY	es	No
A.	riivac	y Act an	u ra	perwork Reducti	on Act Notic	ce, see th	e separate inst	ructions.						_		(2008)
-																

Part Sta	tement of Program Service A	Accomplishments (see instructions)		r age z
 Briefly desc 	cribe the organization's mission	r	Applies and a second second	
SEE STA	TEMENT 1	adaba da		
		The second secon	N SC Y	
_		THE REST.		
2 Did the oro	ranization undertake any slav	Manual Control of the		11-7
the prior Fo	om 990 or 990-E72	ificant program services during the yea	ar which were not listed on	_
If "Yes" des	cribe these new services on So	chadula 0	Yes	X No
3 Did the oro	anization rease conduction of	or make singlifered about		
services?	remainder coase conducting, o	or make significant changes in how it co	onducts, any program	
*	scribe these changes on Sched		· · · · · · · · · · · · · · · · · · ·	X No
4 Describe th	cince these changes on scree	IUR U		- 17
Section 501	1(c)(3) and 501(c)(4) propries	nts for each of the organization's three la	rgest program services by expenses.	
allocations	to others, the total expenses	tions and section 4947(a)(1) trusts are re and revenue, if any, for each program ser	quired to report the amount of grants a	nd
	and the second companions, a	and revenue, it any, for each program ser	vice reported.	
4a (Code:) (Expenses \$	including grants of \$) (Revenue \$	
SEE STA	STEMENT 2		(Revenue \$	_)
		The second secon		7322
-				
- T			Color Temporary	
-				
-				-
4b (Code:				
The second secon) (Expenses \$	including grants of \$) (Revenue \$)
MEMBER	SERVICES: IN REPRESE	ENTING THE COUNTRY'S LEADING	G	
PHARMAC	EUTICAL RESEARCH AND	BIOTECHNOLOGY COMPANIES	PHRMA	
PROVIDE	S A FORUM FOR MEMBER	COMPANIES TO PARTICIPATE	TN	
DISCUSS	IONS OF RELEVANT HEA	ALTH CARE ISSUES AND TO DECO	FLOB	
CONSENS	US POSITIONS ON MATT	ERS OF PUBLIC POLICY ADVOC	NCV MEMBER	
COMPANY	ES PARTICIPATE IN PR	RMA ACTIVITIES THROUGH REP	RESENTATION	
ON THE	BOARD OF DIRECTORS,	BOARD-LEVEL COMMITTEES AND	VPV TCCUP	
TEAMS,	STAFF WORK GROUPS, S	ECTIONS, TASK FORCES, AND	VEL 1220F	
SUBCOMM	HITTEES, MEMBER COMPA	NY REPRESENTATIVES ALSO REA	OFFIX A SECULA	
COMMUNI	CATE WITH PHRMA STAF	F TOTAL SENTALIVES ALSO REC	GULARLY	- 5
LAN CHEE		- U = 1		
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$	
GENERAL	EDUCATION ABOUT BIO	PHARMACEUTICAL INDUSTRY: PI		_)
DISSEMI	NATES INFORMATION AS	BOUT BIOPHARMACEUTICAL COMP	нкма	
PRODUCT	S. AND THETE BUCTMES	S, SCIENTIFIC AND PHILANTH	ANIES, THEIR	
ACTIVIT	TES THEOREM & MINE O	S. SCIENTIFIC AND PHILANTHI	ROPIC	
PEDODTE	DELINCADA DE MAIDE N	ANGE OF CHANNELS, INCLUDING	G PROFILES,	2.65(0)-
OTHER R	PRINCIPLES, GUIDEL	INES, FACT SHEETS, POLICY I	PAPERS AND	
BAID THE	ESOURCES. THESE EFFO	ORTS BOLSTER PHRMA'S ABILITY	Y TO EDUCATE	
END INF	ORM MEMBERS OF THE G	ENERAL PUBLIC AS WELL AS DO	OT TOVMY KEBS	
THE SEL	IA, PATIENTS AND OTH	ERS IN THE HEALTH CARE COM	MUNITY ABOUT	
THE BIO	PHARMACEUTICAL INDUS	TRY AND PHRMA'S PUBLIC POL	ICY	
ACTIVIT	TES IN PARTICULAR.			
4d Other progr	om saniene (Deserte : 6 :	44.03	-8 -78	100
(Expenses \$	am services. (Describe in Sche	70 p. C. (145 l.		110
and the second of the second o	manage gro	/ fine verice a)	
SA TOTAL PROGR	ram service expenses ▶ \$	(Must equal Part IX, Lir	ne 25, column (B).)	
E 1020 1,000		1000 100 100 1000		990 /2008)

Form 990 (2008)

Part	V Checklist of Required Schedules	T	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A 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	1.50		^
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	3	X	
	Schedule C, Part II Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete		100	
7	Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	TINE	Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21; 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,"	C =-		X
	complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	0.30	X
10	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	11	~	
12	Parts VI, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return		^	
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12	100	X
13	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	×	^
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	16	-	x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	1
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,7 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 questions	24a		
ূ	24b-24d and complete Schedule K. If "No," go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	10000		
9.5	to defease any tax-exempt bonds?	24c	•	+
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d	\vdash	+
ь	with a disqualified person during the year? If "Yes," complete Schedule L, Part I Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25a	-	-
Ü	person from a prior year? If "Yes," complete Schedule L, Part I	25b		-
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	0.000	-	
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L. Part III	27	. 001	

JSA 8E 1021 1,000

Part IV Checklist of Required Schedules (continued)

	•			
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		Yes	No
a	employee), or an indirect business relationship through comparation of	F		
	The state of the s			
ь	Have a family member who had a direct or indirect business relationship on a	28a	_	X
c	complete Schedule L, Part IV Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a	28b		Х
29		28c	0	
30		29	-	X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	2.0		Х
31	to a complete scherule M	30		х
				^
32	Did the organization sell, exchange, dispose of or transfer more than 25%, 4%	31		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes "complete Sebastic R R R.	32	-	Х
34	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1. Is any related organization a controlled entity within the	33		X
35	2 Control of Control William Inc. McControl of conference	34	X	
36	Section 501(c)(3) organizations, Did the organization make any transfer	35	х	-
37		36	1000	
	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		

Form 990 (2008)

Pari	V Statements Regarding Other IRS Filings and Tax Compliance	-		
		- 1	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns, Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 18. Enter 42 into approach	100	-	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	10	x	
	gaming (gambling) winnings to prize winners?	3	^	7
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	0.0	cont	
	Statements, filed for the calendar year ending with or within the year covered by this return	2b	x	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-	-	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions)		-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	3a		X
	this return?	3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	, line		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	100		61
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	X	
	account)?	10.00	1000	
b	If "Yes," enter the name of the foreign country: ▶ JAPAN	10-11		13
	See the instructions for exceptions and filing requirements for Form TD F 90-22,1, Report of Foreign Bank	1	OF	1
	and Financial Accounts.	5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	Per	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	120	Circo	SUS
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Prohibited Tax Shelter Transaction? Did the organization solicit any contributions that were not tax deductible?	6a	X	
6a	Did the organization solicit any contributions that were not tax deductible: If "Yes," did the organization include with every solicitation an express statement that such contributions or	100	-	
ь	offts were not tax deductible?	66	X	
23	Organizations that may receive deductible contributions under section 170(c).	Fire and	Ben	
7	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		
3	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b	3.0	
Ь	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	100		
c	required to file Form 82827 · · · · · · · · · · · · · · · · · · ·	7 c		
	If "Yes," indicate the number of Forms 8282 filed during the year		1111	1
a	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		1
. 6	benefit contract?	7e		-
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79		-
9	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	1000		
	required?	7h	-	-
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	Leco		
۰	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	1	1	1
	organization, have excess business holdings at any time during the year?	8	-	-
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		7	
· a	Did the organization make any taxable distributions under section 4966?	. 9a	-	-
-		. 9b	-	-
10	Section 501(c)(7) organizations, Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	72		
ì	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		100
11	Section 501(c)(12) organizations Enter			7
9	Gross income from members or shareholders	- 33	10	
-	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounte due or received from them)	-		
12:	Section 4947(aV1) pon-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 10417 · ·	. 12	a	+
1	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			0 (2

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Part VI Section A. Governing Body and Management

	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedulo O. See instantial		Yes	No
	circumstances, process, or changes in Schedule O. See instructions.		1 3	Г
1a	Cities the number of voting members of the governing back.		100.0	1
ь		1		1
2	Old any officer, director, trustee, or key ample to the control of	3		
3	Did the organization delegate control over management duty	. 2	-	x
	supervision of officers, directors or trustees as least distribution of officers.	100	-	^
4	Did the organization make any significant changes to be employees to a management company or other person?	. 3		
5	Did the organization become aware charge the uses of	4		X
6	Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders?	. 5		X
7a	Does the organization have members, stockholders, or other persons who may elect one or may	. 6	X	^
b	Are any decisions of the governing body subject to approval by members	7.		
8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organizations contemporaneously document the meetings hald as a sixty of the persons?	7a	X	
	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:	. 7b	X	-
a	The governing body?			
b	Each committee with outback as			Ι.
9a	Each committee with authority to act on behalf of the governing body?	. 8a	X	-
b	Does the organization have local chapters, branches, or affiliates?	8b	X	_
-	The state of the control of the cont	9a		X
10	affiliates, and branches to ensure their operations are consistent with those of the organization? Was a copy of the Form 990 provided to the organization?			μ.
3000		96		_
11	must describe in Schedule O the process, if any, the organization uses to review the Form 990			35
		10	-	X
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
		11		X
12a		arte.	Yes	No
b	Are officers, directors or trustees, and key employees policy? If "No," go to line 13	12a	10000	140
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		X	-
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	х	
13	Does the organization have a written whistlehlower policy?		1000	
14	Does the organization have a written whistleblower policy?	12c	X	_
15	Does the organization have a written document retention and destruction policy? Did the process for determining companyation of the following policy?	13	X	_
		14	X	
b	The organization's CEO, Executive Director, or top management official?			
22.0	of the employees of the organization?	15a	X	
169	Describe the process in Schedule O. (see instructions)	15b	X	
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
h	with a taxable entity during the year? If "Yes," has the organization adopted a written policy or participate in a joint venture or similar arrangement.			
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable for the organization to evaluate	16a		X
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?			
octi.	the organization's exempt status with respect to such arrangements? On C. Disclosure			
17	on C. Disclosure	16b		_
	List the states with which a copy of this Form 990 is required to be filed ► CA,	1 17		
18	The state of the s			
	available for public inspection. Indicate how you make these available. Check all that apply. Another's waste to Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)).	only)		
	Own wak-it-			
	Own website Another's published a state of the control of the cont			
9	Own website Another's website Describe in Schedule O whether (and if so, how), the presentation	SCREET, STREET, STREET		
19	Own website Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public	est		
19	Own website Another's website Woon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public. State the name, physical address, and telephone number of the name.			
19	Own website Another's website Describe in Schedule O whether (and if so, how), the presentation			

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee,

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed,
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

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

(A) Name and Title	(B) Average	Posit	See 4		C)	that app	-	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2										
			(
										Z
										Telef. ii
	1 -1				1			olista	A 1000 F 19	Applicating to
								12.00	C OF EAC	170 Ha 161
								Calculation of the		The second
		100				ja e			the latest parties	talinate Ma
								or page		The later of
										Carpina A
								alettio etti 177		egga: 128
	1					i er		10 4 5	-120005 -120000 1100	Control Rect

JSA 8E1041 1.000

OS4374 2502

Part VII Section A. Officers, Directors, Tru (A)	4004	1	-	-	-		-	root compensat	ed Employees	(continued)
Name and title	(0)	10000		10	Ç)		- 1	(D)	(E)	(F)
	Average hours per week	a individual trustee	institutional trustee	thec Officer	all Key employee	Highest compensated	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation
				-						100000
~=										1144
	1 - Y - Y				-					-
									N	
	_				-		-			
	-		-		950		11			
100 ml mag				-						
										10
			1							
				1			-			
b Total							•	10,689,729.		
Total number of individuals (including those organization ► 112	in 1a) w	ho re	ecei	ved	mo	ore th	an	\$100,000 in rep	ortable compen	5,536,6 sation from th
Did the organization list any former office						.e.v.e	200	9279 3945 10		Yes
Did the organization list any former office employee on line 1a? If "Yes," complete Schedul		ALC DE COMP.	AMPLE	av .		302 5333				3
for any individual listed on line 1a, is the the organization and related organizations of	sum of								ensation from	
Did any person listed on line to make	• • • • •									4 x
Did any person listed on line 1a receive services rendered to the organization? If "Yes," o ection B, Independent Contractors	or accri omplete S	ie co ichedu	mpe de J	for	suc	n fro	m son	any unrelated or	ganization for	
ection B. Independent Contractors		-		-						5
Complete this table for your five highest or compensation from the organization.	mpensati	ed inc	depo	ende	ent	contr	ract	ors that received	more than \$1	00,000 of
(A) Name and business addre	55							(B)		(C)
EE STATEMENT 3	10.15							Description of sen	Aces	Compensation
*							-			
Total number of independent contractors (incompensation from the organization	duction th	oca i	- 41	· ned	h.a.					

air VII	Statement of Reven	ue		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
			CHILD THE THE		function revenue	business revenue	excluded from tar under sections 512, 513, or 514
g 1a	Federated campaigns	1a				May David St. West	STATE OF
and other similar amounts		1b			and a substitute		OF STREET
	Fundraising events	1c		162.41	15, 4 (5, 6) (4)		A STATE OF THE PARTY OF THE PAR
d	Related organizations				Alabara 3		1000
	Government grants (contribu	2000 GRAD 100 GRADE 1					ONE ROME
	All other contributions, gifts, gran				and the same of		As March
	and similar amounts not included	ACC 1222	NONE		10 - 20-20		THE PERSON NAMED IN
	Noncash contributions included		1000000	a multiple			other part from
h	Total Add lines 1a-1f			NONE			the same of
		0.100.100.000	Business Code		July o Book	Section Section	104 OKB010-1 . 2
23	MEMBERSHIP DUES & ASSESSM	ENTS	900099	252,009,728.	252,009,728.		
Ь	SECTIONS AND SPECIAL PROG	0.01250	900099	100,507.	100,507.	and the same of the same	
	MEETING REGISTRATION FEES		900099	387,460.	387,460.	The second second	E destroy
1			-	231/3332	307,400.		1000
	All other program service rev	en a				N. Albertania	AL MARKS
9	사람보다 가게 되었다. 나를 하게 하는 것은 것이 되었다.		>	252,497,695.	SHAW THE	Street Street	Charge and the
3	Investment income (includin	- A 50 () () () () () () () () () (150000000000000000000000000000000000000	6,06,17,7,672			
ँ	other similar amounts)		0.0000011000	3,732,745.			2 220 246
4	Income from investment of t			NONE			3,732,745
5		or part proper 💆 know he was	A COUNTY OF THE PROPERTY OF THE PARTY OF THE	NONE			-
,	risyonosa	(i) Real	(ii) Personal	1000			C PROVINCE
63	Gross Rents			to the lead of the			matrice districts
b	Less: rental expenses						December 1
38							
7.7	d Net rental income or (loss)			NONE		1000	
- 20		(i) Securities	(ii) Other	200,002			30-17- A
7a	A STATE OF THE PARTY OF THE PAR	23, 188, 457					The same of the
b	assets other than inventory Less: cost or other basis	23,100,43					
	and sales expenses	25,417,183					
		-2,228,730		2-18-000			
d	Gain or (loss)			-2,228,730.			
8a	\$250 miles (100 miles 100	undraising		-2,220,130.	3. 5.00		-2,228,730
**		C. 1000000000000000000000000000000000000	1 1	Achieve -			
	events (not including \$ of contributions reported on		1 1	100			
	See Part IV, line 18,						1
	Less: direct expenses				In Marks		The same of the sa
	Net income or (loss) from fu			NONE			A STATISTICS
9 a				DATA		and the same	2-3-165 Fr
	See Part IV, line 19,			STATE OF THE		191	
ь	Less: direct expenses			2500-00-00			775.00
"	Net income or (loss) from ga			NONE	ALC: United States		1
10a				CHUNG	THE STATE OF	5.00 WE-1975	DOMESTIC TOPO
102	returns and allowances			12/2		ner varidier	
- 23	Less: cost of goods sold					Contract Contract	
b	Net income or (loss) from sa			NONE	2127244		A STATE OF THE PARTY OF T
-	Miscellaneous Reven		Business Code	NUME.	COLLEGE ACT	3 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	- Dames -
11a	INSURANCE REIMBURSEMENT		900099	664,873,	The second second	1,68,500	****
b	THE WAR WAR THE PROPERTY OF THE PARTY OF THE		300033	009,8/3.			664,873
							-0.0
	All other rooms						
d	All other revenue			222 222	Transplace 1		A COLUMN TO SERVICE
e	Total Add lines 11a-11d .			664,873.			A STATE OF THE PARTY OF
12	Total Revenue, Add lines 1h			251 555 500	12027103255021		100000000000000000000000000000000000000
-	9c, 10c, and 11e			254,666,583.	252,497,695.		2,168,888

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and	772-11		ar	expenses		
	organizations in the U.S. See Part IV, line 21	16,307,123.					
2	Grants and other assistance to individuals in						
	the U.S. See Part IV, line 22	20,000,					
3	Grants and other assistance to governments,						
	organizations, and individuals outside the	04 303000000000					
	U.S. See Part IV, lines 15 and 16	1,505,821.					
4	Benefits paid to or for members	NONE			-		
5	Compensation of current officers, directors, trustees, and key employees	10,103,042.	112				
6	Compensation not included above, to disqualified				1000		
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(8)	NONE					
7	Other salaries and wages	28,598,968.					
В	Pension plan contributions (include section 401						
	(k) and section 403(b) employer contributions)	5,338,551.					
3	Other employee benefits	2,125,460.			Control of the		
0	Payroll taxes	1,673,194.					
1	Fees for services (non-employees):						
*	Management	NONE					
b	Legal	5,688,681.	31.7 (3.5 (10.5				
c	Accounting	431,190.			1-15		
	Lobbying	12,404,353.					
	Professional fundraising services. See Part IV, line 17	NONE					
t	Investment management fees	56,476.			11-11-12		
	Other	9,493,490.					
2	Advertising and promotion ,	12,695,688.			41		
3	Office expenses	681,787.					
1	Information technology	678,313.					
	Royatties	NONE					
	Occupancy	5,243,235.					
	Travel	5,888,160.		and the second			
1	Payments of travel or entertainment expenses	27 4507 400					
	for any federal, state, or local public officials	NONE					
3	Conferences, conventions, and meetings	1,244,027.					
)	Interest	NONE.					
1	Payments to affiliates	NONE	11-0				
2	Depreciation, depletion, and amortization	720,570.					
	Insurance	218,256.					
4	Other expenses, Itemize expenses not	410,436,					
	covered above. (Expenses grouped together						
	and labeled miscellaneous may not exceed						
	5% of total expenses shown on line 25 below.)						
a	MEMBERSHIPS	46,238,334.					
	GOVERNMENT_AFFAIRS	The second secon			Sept. Billion B. Co.		
	INDUSTRY_STANDING	34,814,529. 23,625,887.	The same of the sa				
d	SPECIAL PROJECTS						
	PDBLIC_AFFAIRS	13,139,078.			Samuel Hill		
	All other expenses	12,090,728.					
	Total functional expenses. Add lines 1 through 24f	10,918,240.					
		261,943,181.		No. of the last of			
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			112	car Solf Er		

Balance Sheet

6119	A STATE OF THE PARTY OF T	(A) Beginning of year			B) of year	
1	Cash - non-interest-bearing	523.	1		-11	486
2	Savings and temporary cash investments	47,832,387.	2	58.1	898,	
3	Pledges and grants receivable, net		3	- Corect		distant.
4	Accounts receivable, net	1,315,148.	4	3.	627,	138
5	Receivables from current and former officers, directors, trustees, key		810-15	100000	Over 15 ex	
	employees, or other related parties. Complete Part II of Schedule L		5		71,	730
6	Receivables from other disqualified persons (as defined under section			11	412-12-02	-
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
	of Schedule L	100	6			
7	Notes and loans receivable, net		7			
8	Inventories for sales or use		8			
9	Prepaid expenses and deferred charges	1,107,796.	9		878,	1.60
10a	Land, buildings, and equipment; cost basis 10a 11, 351, 411		100		2101	200
b	Less: accumulated depreciation. Complete					
	Part VI of Schedule D	6,018,871.	10c	5	235,	017
11	Investments - publicly traded securities	70,801,569,			730,	
12	Investments - other securities. See Part IV, line 11	2,479,893.			149,	-
13	Investments - program-related, See Part IV, line 11		13		17/1	244
14	Intangible assets · · · · · · · · · · · · · · · · · · ·	CA	14	0.01 0.00	EBB	
15	Other assets. See Part IV, line 11	5 THE 10 THE 1	15		43,	605
16	Total assets. Add lines 1 through 15 (must equal line 34)	129,556,187.	16	119,		
17	Accounts payable and accrued expenses	23,730,301.	17		861,	
18	Grants payable	207.007.002.	18	271	0011	300
19	Deferred revenue	3,068,482.	-	2	286,	107
20	Tax-exempt bond liabilities	5,000,402.	20		200,	10
21	Escrow account liability. Complete Part IV of Schedule D	ter fire of the state of	21	11 - 1	2	
22	Payables to current and former officers, directors, trustees, key employees,	"Williams and "	-	1115		_
	highest compensated employees, and disqualified persons. Complete Part II					
	of Schedule L		22			
23	Secured mortgages and notes payable to unrelated third parties		23	100 000	- 11	
24	Unsecured notes and loans payable		24	I be made	170	
25	Other liabilities. Complete Part X of Schedule D	18,404,052.	-	70	407,	0 5 0
26	Total liabilities, Add lines 17 through 25	45,202,B35.			555,	
	Organizations that follow SFAS 117, check here ▶ 🗴 and complete	43,202,633.	10	02,	222,	41.
	lines 27 through 29, and lines 33 and 34,					
27	Unrestricted net assets	84,353,352.	27	54	078,	939
28	Temporarily restricted net assets		28		0.707	200
29	Permanently restricted net assets		29		0.10	
	Organizations that do not follow SFAS 117, check here ▶ and		-			
	complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds		30			
31	Paid-in or capital surplus, or land, building, or equipment fund		31			
32	Retained earnings, endowment, accumulated income, or other funds		32			
JZ	Total net assets or fund balances	84,353,352.	33	E /	020	000
33		04,303,332.	00		078,	
			34	220	0.34	337
33	Total liabilities and net assets/fund balances	129,556,187.	34	119,	2271	-
33 34	Total liabilities and net assets/fund balances		34	119,		_
33 34	Total liabilities and net assets/fund balances	129,556,187.	34	119.	Yes	_
33 34 3XI	Total liabilities and net assets/fund balances Financial Statements and Reporting ounting method used to prepare the Form 990: Cash X Accrual Other	129,556,187.				No
33 34 1XI Acco	Total liabilities and net assets/fund balances	129, 556, 187.		2a		No
33 34 Acco	Total liabilities and net assets/fund balances	129,556,187.				No
33 34 Acco Were Were	Financial Statements and Reporting ounting method used to prepare the Form 990: Cash X Accrual Other the organization's financial statements compiled or reviewed by an independent accountate the organization's financial statements audited by an independent accountant?	129, 556, 187.		2a 2b		No
33 34 Acco Were Were If "Y	Total liabilities and net assets/fund balances	129, 556, 187.		2a		No X X
33 34 Acco Were Were If "Yeaudit As a	Financial Statements and Reporting ounting method used to prepare the Form 990: Cash X Accrual Other the organization's financial statements compiled or reviewed by an independent accountate the organization's financial statements audited by an independent accountant?	129, 556, 187. r ant?		2a 2b		No