Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

** 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)

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

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

OMB No. 1545-0047 6 9 L **Open to Public** Inspection

Α	For t	he 2019 calendar year, or tax year beginning and	ending		
	Check applica		onding	D Employer identif	ication number
C	Add	R STREET INSTITUTE			
	Nan			26-34771	25
Ľ	Initia	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Fina	m/ 1212 NEW YORK AVENUE NW	900	202-525-	
	term atec	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,765,865.
L	retu	WASHINGTON, DC 20005		H(a) Is this a group r	
L	tion pen	ding [F Name and address of principal officer ELIAS ROTHENBERG-L.	EHRER	for subordinate	s? Yes X No
+	Tave	xempt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)		H(b) Are all subordinates	
+	Tax-e	xempt status: $[\Delta] 501(c)(3) = 501(c) () (insert no.) = 4947(a)(1)$ site: \blacktriangleright WWW \bullet RSTREET \bullet ORG	or 527		a list. (see instructions)
		of organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	
Contraction of Contract	Contraction of the local division of the loc	Summary	L rear		M State of legal domicile: DC
0	1	Briefly describe the organization's mission or most significant activities: SEE	PART I	II, LINE 1.	
Governance		- · · · · · · · · · · · · · · · · · · ·			
erne	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net a	ssets.
200	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
8	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			79
tivi	6	Total number of volunteers (estimate if necessary)		6	9
Ac	1 / 8	Total unrelated business revenue from Part VIII, column (C), line 12			0.
+	<u> </u>	Net unrelated business taxable income from Form 990-T, line 39			0.
	8	Contributions and grants (Part VIII, line 1h)		Prior Year 10,548,402.	Current Year 8,721,568.
Revenue	9			10,540,402.	
eve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		657.	
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		37,031.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,586,090.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		173,000.	198,073.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,683,662.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Exp	b	Total fundraising expenses (Part IX, column (D), line 25)	39.	0 485 810	0 0 1 0 00 1
T	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	······	2,475,719. 9,332,381.	
	10	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		9,332,381.	
es	15	rievende less expenses. Subtract line 18 from line 12	Rod	jinning of Current Year	
Fund Balances	20	Total assets (Part X, line 16)	Dei	6,658,153.	End of Year 5,276,637.
Ass d Ba	21	Total liabilities (Part X, line 26)		822,342.	785,805.
Fun	22	Net assets or fund balances. Subtract line 21 from line 20		5,835,811.	4,490,832.
Pa	nrt II	<u> </u>			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer l	the second se	
		Signature of officer		9-29-2	630
Sigr				Date	
Her	е	ELIAS ROTHENBERG-LEHRER, PRESIDENT Type or print name and title			
		Print/Type preparer's name Preparer's signature	I Di	ate Check	II PTIN
Paid				9/24/2020	
Prep	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN			52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
		BETHESDA, MD 20814-2930		Phone no. (3	01) 951-9090
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	01 01-2	20-20 LHA For Paperwork Reduction Act Notice, see the separate instructio			Form 990 (2019)
	S	EE SCHEDULE O FOR ORGANIZATION MISSION ST	ATEMEN	TT CONTENTIA	TTON

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	990 (2019) R STREET INSTITUTE	26-3477125	Pag
Par	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, PUT RESEARCH ORGANIZATION ("THINK TANK"). OUR MISSION IS TO POLICY RESEARCH AND OUTREACH TO PROMOTE FREE MARKETS AND	O ENGAGE IN	
	EFFECTIVE GOVERNMENT. (CONTINUED ON SCHEDULE O)		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.	s? Yes	X
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses	5.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot revenue, if any, for each program service reported.	•	and
4a	(Code:) (Expenses 1,630,437. including grants of \$ 218.) (Rev GOVERNANCE :	'enue \$	
	THE GOVERNANCE DEPARTMENT STRIVES TO ASSESS AND IMPROV	Ε ΤΗΕ ΟΤΔΤΕ Ο	F
	AMERICA'S NATIONAL SYSTEM OF SELF-GOVERNANCE. IT PRODUC		<u> </u>
	PAPERS AND POPULAR WRITING ABOUT ALL THREE BRANCHES OF		
	·	HE DEPARTMENT	
	CO-DIRECTS THE LEGISLATIVE BRANCH CAPACITY WORKING GROU		
	AMERICA AND MEETS WITH CONGRESSIONAL STAFF AND MEMBERS		
	CONGRESSIONAL AND GENERAL GOVERNMENT REFORM ISSUES. TH		
	DEPARTMENT ALSO HAS RESEARCH PROJECTS ON FISCAL AND BUI	DGET POLICY A	ND
	ON SCIENCE AND GOVERNANCE.		
4b	(Code:) (Expenses \$ 1,440,233. including grants of \$ 30,171.) (Rev	enue \$	
	CRIMINAL JUSTICE:		
	THE CRIMINAL JUSTICE POLICY PROGRAM PRODUCES RESEARCH		<u>Y</u> (
	PUBLIC POLICY RELATED TO ALL STAGES OF THE JUSTICE SYS		
	INCLUDES POLICING, PRETRIAL AND DETENTION, CORRECTIONS		
	JUSTICE AND REENTRY POLICY. WE WORK ACROSS THE IDEOLOG		
	PROVIDE POLICYMAKERS WITH REFORMS THAT PRIORITIZE HUMAN	-	
	SAFETY, DUE PROCESS, INDIVIDUAL LIBERTY, STRONG FAMILI	ES, AND FISCA	L
	RESPONSIBILITY.		
	WE ENGAGE WITH STAKEHOLDERS AT THE FEDERAL AND STATE L		
	JUSTICE REFORMS CONSISTENT WITH CENTER-RIGHT PRINCIPLE		
	THE EFFICACY AND DIGNITY OF THE JUSTICE SYSTEM. OUR EF		,
4c	(Code:) (Expenses \$ 1,162,283. including grants of \$ 146.) (Rev	/enue \$	
	TECHNOLOGY & INNOVATION:		
	THE TECHNOLOGY AND INNOVATION POLICY PROGRAM CONDUCTS		
	THE PUBLIC POLICY FRAMEWORKS THAT GOVERN BOTH ESTABLIS		
	TECHNOLOGIES. WE AIM TO RESEARCH AND DEVELOP WORKABLE		ON
	FOR INTERNET GOVERNANCE, ANTITRUST POLICY, ARTIFICIAL		
	INTELLECTUAL PROPERTY AND OTHER ISSUES WHILE DEVELOPING		
	POLICY PROPOSALS THAT ARE NOT LIKELY TO ADVANCE INNOVA		ES
	WE RECOGNIZE THE IMPORTANCE OF GOVERNMENT IN CERTAIN, I	LIMITED	
	CIRCUMSTANCES SUCH AS SUPPORTING BASIC RESEARCH AND PRO		IN
	INFRASTRUCTURE. IN THESE CASES, WE RESEARCH AND DEVELO		
	PROPOSALS THAT WOULD HELP TO DO THESE THINGS MORE EFFE		
4d	Other program services (Describe on Schedule O.)		
-	(Expenses \$ 4,559,744 · including grants of \$ 167,538 ·) (Revenue \$)	
4e	Total program service expenses ► 8,792,697.		
-		Form 9	90 (2
32002	SEE SCHEDULE O FOR CONTINUATION		
	2		
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 Part IV
 Checklist of Required Schedules

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			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	└───
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		X
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	л	<u> </u>
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total 			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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
	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,			ĺ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	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	40		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II			x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	
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	Form 990 (2	2019)	R	STREET	INSTITUTE
ĺ	Part IV	Checklist	of Requ	ired Scheo	dules (continued)

R STREET INSTITUTE

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
~ .	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	04-		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U	any tax-exempt bonds?	24c		
Ь	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00.		x
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		- 23
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	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?	00		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	t 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	<u>.</u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 49			
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 reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
93200	4 01-20-20	Form	990	(2019)

2019.04030 R STREET INSTITUTE

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			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 79							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		L				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37				
_	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5 -		x				
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X				
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		- 23				
6a		50						
ua	any contributions that were not tax deductible as charitable contributions?	6a		x				
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
~	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 services 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 was 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 contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X				
g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	0						
0		8						
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a						
a b	Did the sponsoring organization make any taxable distributions under section 4966? N/A 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:	0.5						
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A							
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:							
а	Gross income from members or shareholders N/A 11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.) 11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	40						
а	• • • • • • • • • • • • • • • • • • • •	13a						
h	Note: See the instructions for additional information the organization must report on Schedule O.							
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans							
с								
	Enter the amount of reserves on hand	14a		X				
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b						
	excess parachute payment(s) during the year?	15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							

Form **990** (2019)

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			2
Sec	tion A. Governing Body and Management			-
		~ 	Yes	۱ I
1a		<u>9</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 on Schedule O.			
b	,	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	x	1
b	Each committee with authority to act on behalf of the governing body?	8b	X	T
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			T
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
			Yes	Γ
0a	Did the organization have local chapters, branches, or affiliates?	10a		T
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			Γ
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	t
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		t
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	t
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5		t
C		12c	x	
3	In Schedule O how this was done Did the organization have a written whistleblower policy?	13	x	┢
	Did the organization have a written document retention and destruction policy?	14	X	┢
4 5	-	14		
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright SEE SCHEDULE O			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	3)s only	/) avai	al
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website I Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOI WASHINGTON - 202-525-5717			
	1212 NEW YORK AVENUE NW SUITE 900, WASHINGTON, DC 20005			
2006	§ 01-20-20	Form	1 990	(2
	6			
Э0	925 745960 28560 2019.04030 R STREET INSTITUTE	285	560_	

Part VII	Compensation of Officers,	Directors, 1	Frustees, I	Key Emp	loyees, l	Highest C	Compensated
	Employees, and Independe	nt Contrac	tors				

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.

See instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unless person is both an		compensation	compensation	amount of				
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
(1) MARNI SOUPCOFF	0.50	=			×	노ㅎ	<u> </u>			
BOARD CHAIR		X		Х				0.	Ο.	0.
(2) AMANDA NGUYEN	0.50									
BOARD MEMBER		X						0.	0.	0.
(3) MICHAEL COHEN	0.50									
BOARD MEMBER		X						0.	Ο.	0.
(4) ROBERT WATKINS	0.50									
BOARD MEMBER		X						0.	Ο.	0.
(5) ROBERT INGLIS	0.50									
BOARD MEMBER		X						0.	0.	0.
(6) RYAN ALEXANDER	0.50									
BOARD MEMBER		Х						0.	0.	0.
(7) PABLO CARRILLO	0.50									
BOARD MEMBER		Х						0.	0.	0.
(8) ELIZABETH FRAZEE	0.50									
BOARD MEMBER		Х						0.	0.	0.
(9) RYAN CALO	0.50									
BOARD MEMBER		Х						0.	0.	0.
(10) ELIAS ROTHENBERG-LEHRER	40.00									
PRESIDENT				Х				257,524.	0.	22,589.
(11) ERICA SCHODER	40.00									
SR. VICE PRESIDENT & CORP TREASURER				Х				200,320.	0.	15,073.
(12) KEVIN KOSAR	40.00									
VP, RESEARCH PARTNERSHIPS						X		185,898.	0.	7,436.
(13) JAMES BAKER	40.00								_	
DIRECTOR, NSCS						Х		163,148.	0.	6,613.
(14) CHARLES DUAN	40.00								_	
DIRECTOR, TECH						Х		156,219.	0.	17,812.
(15) ANDREW SMARICK	40.00							4 - 0 - 0 4		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
DIRECTOR, CSEW						х		152,594.	0.	23,731.
(16) PHILIP WALLACH	40.00							1		10 045
SENIOR FELLOW, GOVERNANCE		<u> </u>				X	<u> </u>	150,699.	0.	19,045.

932007 01-20-20

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	Form 990 (2019) R STREET INSTITUTE 26-3477									26-3	477	125	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	ge Positi (do not check mo box, unless perso			sition k more than one person is both an		h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org and	pensa om the anizati d relate nizatio	e on ed
									1 0.55 400		_	11		
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							1,266,402. 0. 1,266,402.		0.0.0.		2,2 2,2	0.
2	Total number of individuals (including but no compensation from the organization),000 of reportab	le			22
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for sa</i>							-				3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	e co	mp	ensa	atior	n and	d otl		the organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i> tion B. Independent Contractors	•							U			5		X
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for t	the calendar y	ear e	endi	ng v	vith	or w	ithir I		year.				
	(A) Name and business	address	NC	ONE	3			_	(B) Description of s	services	С	(C ompei		า
								_						
2	Total number of independent contractors (ir	-	ot lii	nite	d to		~	sted	above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation 🕨				(0					Form	990 (2	2019)

932008 01-20-20

Form 990 (20	19)	R	STREET	INSTITUTE
Part VIII	Statement	of F	Revenue	

			Check if Schedule O contains a response	or note to any li	ne in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
							busilless levellue	sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
nun			Membership dues 1b					
ΩĔ			Fundraising events		-			
ifts					-			
Dia Dia			J		-			
Sin			Government grants (contributions) 1e		-			
er Li		t	All other contributions, gifts, grants, and	701 560				
ēĐ				721,568.	4			
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a-1f					
ōō		h	Total. Add lines 1a-1f	1	8,721,568.			
				Business Code				
ice	2	а						
Program Service Revenue		b						
en S		с						
ev.		d						
Ъщ		е						
ק		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)		1,589.			1,589.
	4		Income from investment of tax-exempt bond		· · · ·			-
	5		Royalties					
	Ŭ		(i) Real	(ii) Personal				
	6	а		()	-			
	U							
					-			
			Rental income or (loss) 6c	L				
			Net rental income or (loss)	(ii) Oth an				
	7	а	Gross amount from sales of (i) Securities	(ii) Other	-			
			assets other than inventory 7a		-			
		b	Less: cost or other basis					
other Revenue			and sales expenses 7b		_			
Sel 1		С	Gain or (loss)					
۳,		d	Net gain or (loss)	🕨				
her	8	а	Gross income from fundraising events (not					
ð			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8a					
		b	Less: direct expenses 8b					
			Net income or (loss) from fundraising events	►				
			Gross income from gaming activities. See					
	-		Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	a	-					
			and allowances 10		-			
			Less: cost of goods sold [10]	<u> </u>				
-+		С	Net income or (loss) from sales of inventory					
sņ			MICOULIANDOLO	Business Code	29,332.			29,332.
Miscellaneous Revenue	11		MISCELLANEOUS CREDIT CARD REWARDS	900099 900099	13,376.			13,376.
llar /en		b	CREDIT CARD REWARDS	900099	, <u>, , , , , , , , , , , , , , , , ,</u>			13,3/0.
Be		С						
ΪΞ			All other revenue					
		е	Total. Add lines 11a-11d		42,708.			44.005
	12		Total revenue. See instructions	►	8,765,865.	0.	0.	44,297.
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9

R STREET INSTITUTE

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	198,073.	198,073.		
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,				
	trustees, and key employees	495,506.	182,073.	296,626.	16,807
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	5,957,992.	5,524,701.	131,624.	301,667
8	Pension plan accruals and contributions (include		102 020		11 000
_	section 401(k) and 403(b) employer contributions)	202,733.	183,938.	7,772.	<u>11,023</u> 16,354
9	Other employee benefits	416,051. 499,595.	298,925.	100,772. 37,920.	
0	Payroll taxes	499,393.	437,244.	37,920.	24,431
1	Fees for services (nonemployees):				
а	Management	21,328.	15,721.	4,917.	690
		67,710.	46,520.	18,582.	2,608
	Accounting	20,000.	20,000.	10,502.	2,000
u	Lobbying Professional fundraising services. See Part IV, line 17	20,000.	20,000.		
f	Investment management fees				
a	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	554,066.	501,035.	46,505.	6,526
2	Advertising and promotion	13,720.	12,003.	1,506.	211
3	Office expenses	113,685.	81,245.	28,541.	3,899
4	Information technology	4,088.	3,941.	129.	18
5	Royalties				
6	Occupancy	400,431.	275,437.	109,611.	15,383
7	Travel	383,946.	355,884.	11,865.	16,197
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	351,785.	323,225.	20,744.	7,816
0	Interest				
1	Payments to affiliates	05 702	F0 044		2 204
2	Depreciation, depletion, and amortization	85,793. 20,993.	58,944.	23,545.	3,304 809
3		20,995.	14,423.	5,761.	005
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TRAINING & PROF. DEV'L	118,669.	91,595.	23,652.	3,422
b	BOOKS & SUBSCRIPTIONS	113,702.	102,483.	9,828.	1,391
с	DUES	37,718.	37,157.	492.	69
d	PAYROLL FEES	17,364.	15,196.	1,318.	850
е	All other expenses	15,896.	12,934.	598.	2,364
5	Total functional expenses. Add lines 1 through 24e	10,110,844.	8,792,697.	882,308.	435,839
6	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 (201

932010 01-20-20

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Form 990 (
Part X	Balance	Sheet

R STREET INSTITUTE

. u		Check if Schedule O contains a response or no	te to an	v line in this Part X			
			10 10 41		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			2,713,622.	1	1,093,519.
	2	Savings and temporary cash investments			30,184.	2	1,331,773.
	3	Pledges and grants receivable, net		-	3		
	4				3,373,372.	4	2,367,178.
	5	Loans and other receivables from any current c					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9				95,538.	9	129,523.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>493,055.</u> 177,100.			
	b	Less: accumulated depreciation	10b	177,100.	401,748.	10c	315,955.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets	10 600	14			
	15	Other assets. See Part IV, line 11	43,689.	15	38,689.		
	16	Total assets. Add lines 1 through 15 (must equ			6,658,153.	16	5,276,637.
	17	Accounts payable and accrued expenses		334,435.	17	367,356.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20					20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
bili		trustee, key employee, creator or founder, subs				00	
Lia	0.00	controlled entity or family member of any of the Secured mortgages and notes payable to unrel	•			22 23	
	23 24	Unsecured notes and loans payable to unrelate				23 24	
	25	Other liabilities (including federal income tax, pa				27	
		parties, and other liabilities not included on line					
		of Schedule D	5 17 24)		487,907.	25	418,449.
	26	Total liabilities. Add lines 17 through 25			822,342.	26	785,805.
		Organizations that follow FASB ASC 958, cho	eck her	e 🕨 X			
sec		and complete lines 27, 28, 32, and 33.					
and	27				2,065,956.	27	456,091.
Bal	28				3,769,855.	28	4,034,741.
pui		Organizations that do not follow FASB ASC 9					
Net Assets or Fund Balances		and complete lines 29 through 33.					
s ol	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated ir				31	
Net	32	Total net assets or fund balances			5,835,811.	32	4,490,832.
	33	Total liabilities and net assets/fund balances			6,658,153.	33	5,276,637.
							Form 990 (2019)

Form **990** (2019)

932011 01-20-20

	990 (2019) R STREET INSTITUTE	26-34	.77125	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
					_
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,76		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,11		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,34		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,83	5,8	11.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,49	0,8	32.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	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				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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
2019
Open to Public Inspection

L

Name of the orga	nization
------------------	----------

Nam	e of	the organization							identification number
_			REET INSTI						6-3477125
Pa	rt I	Reason for Public (Charity Status (/	All organizations must co	omplete th	is part.) Se	ee instruction	S.	
The	orgar	nization is not a private found	lation because it is: (For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in sect i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospita	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental ı	unit describ	bed in
	section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	-					he general	public described in
		section 170(b)(1)(A)(vi). (C	•		0			0	•
8		A community trust describe		1)(A)(vi). (Complete Par	t IL)				
9	\square	An agricultural research org				ed in conii	inction with a	land-grant	college
•		or university or a non-land-						-	-
		university:	grant conogo or agrio			name, en	, and state s		
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sur	nort from	contributi	ons members	shin fees a	nd aross receipts from
10		activities related to its exen							
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor				3363 acqu		ganization	
11		An organization organized a	•	ively to test for public sa	foty Soo	saction 5()Q(a)(4)		
12	\square	An organization organized a	•	• •	•			arny out the	purposes of one or
12		more publicly supported or	•	-	•			•	
		lines 12a through 12d that	-						
~						•		-	, aivina
а		☐ Type I. A supporting orga the supported organization	•	•	• •			•••••	
		the supported organization	., .		a majority o	or the dire		es or the s	supporting
L		organization. You must o	-		tion with it		ad arganizatio	n(a) hi ha	vina
b		Type II. A supporting org	•				-	., .	•
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	-						- J 20-
С		☐ Type III functionally inte						lly integrate	ea with,
		its supported organization		<i>,</i> -					
d		☐ Type III non-functionally						Ũ	()
		that is not functionally int	0	o ,			•	d an attent	iveness
	_	requirement (see instruct							
е		Check this box if the orga					a Type I, Type	II, Type III	
_	_	functionally integrated, or	• ·	nally integrated support	ing organiz	zation.			
		er the number of supported of	•						
g		vide the following informatior (i) Name of supported	about the supporte	d organization(s).	(iv) Is the orga	unization listed	(v) Amount of	fmonetan	(vi) Amount of other
		organization		(described on lines 1-10		inization listed	support (see in	,	support (see instructions)
		3		above (see instructions))	Yes	No		,	
Tota									

Schedule A (Form 990 or 990-EZ) 2019 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 13

2019.04030 R STREET INSTITUTE

Schedule A (Form 990 or 990-EZ) 2019 R STREET INSTITUTE

26-3477125 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	4,069,963.	5,887,086.	8,262,264.	10,548,402.	8,721,568.	37,489,283.			
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	4,069,963.	5,887,086.	8,262,264.	10,548,402.	8,721,568.	37,489,283.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						13,842,408.			
6	Public support. Subtract line 5 from line 4.						23,646,875.			
See	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
7	Amounts from line 4	4,069,963.	5,887,086.	8,262,264.	10,548,402.	8,721,568.	37,489,283.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	68,724.	51,970.	1,231.	657.	1,589.	124,171.			
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.)	26,261.	7,089.	125,525.	37,031.	42,708.	238,614.			
11	Total support. Add lines 7 through 10						37,852,068.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12				
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)				
	organization, check this box and stop	here					>			
See	ction C. Computation of Publi	ic Support Pe	rcentage							
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	62.47 %			
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	58.61 %			
16 a	33 1/3% support test - 2019. If the o	-								
	stop here. The organization qualifies a	as a publicly supp	orted organization				► X			
b	33 1/3% support test - 2018. If the o	0								
	and stop here. The organization quali									
17a	10% -facts-and-circumstances test	t - 2019. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "fac			=	•	-				
	meets the "facts-and-circumstances"									
b	10% -facts-and-circumstances test	0								
	more, and if the organization meets th						. —			
	organization meets the "facts-and-circ									
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 🕨 🗌									

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 R STREET INSTITUTE

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 \dots						
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						
	Public support. (Subtract line 7c from line 6.)						
		() 0015	(1) 0010	() 0017	(1) 0010	() 0040	(0 T))
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
104	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 after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here	<u></u>)
	ction C. Computation of Publ						
15	Public support percentage for 2019 (ine 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage)		<u> </u>	
17	Investment income percentage for 20)19 (line 10c, colur	mn (f), divided by	line 13, column (f)))	17	%
	Investment income percentage from					18	%
19 a	i 33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a		-				
b	33 1/3% support tests - 2018. If the	-					
	line 18 is not more than 33 1/3%, che		-			-	
	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	9a, or 19b, check t			
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4c

5a

5b

5c

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7

8

9a

9b

9c

10a

10b

Yes

No

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 (as 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.)

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			Yes	No
44	Has the organization accepted a gift or contribution from any of the following persons?		165	NU
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a		
h		11b		
	A family member of a person described in (a) above?			
	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in</i> Part VI. tion B. Type I Supporting Organizations	11c		
000	tion B. Type i Supporting Organizations		Vee	Na
			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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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)			
	The organization satisfied the Activities Test. Complete line 2 below.	•		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ruction	-)	
с 2	Activities Test. Answer (a) and (b) below.		y. Yes	No
			res	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported examplement of the examplement of th			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019

17 2019.04030 R STREET INSTITUTE

Schedule A (Form 990 or 990-EZ) 2019 R STREET INSTITUTE

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified 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	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Section D, lines 5, 6, and 8; (See instructions.)	and Part V, Section E, lines 2, 5	5, and 6. Also complete this par	t for any additional informa	art IV, Section C, B, line 1e; Part V, ation.
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32028 09-25-19			Schedule All Unit	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

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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

2019

Employer identification number

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Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

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Employer identification number

26-3477125

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 | X | Person Payroll 1,050,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 811,021. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 3 Person Payroll 600,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 X 4 Person Payroll 500,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 493,174. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. X 6 Person Pavroll 421,000. Noncash \$ (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) 22

2019.04030 R STREET INSTITUTE

05290925 745960 28560

Name of organization

R STREET INSTITUTE

Employer identification number

26 - 3477125

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$ 406,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		\$ 350,000. \$ Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		\$ 300,000. \$ 300,000. Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10		\$ 250,000. \$ 250,000. Person Payroll Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
11		* 221,876. Person X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>12</u> 923452 11-06		\$ 215,000. \$ 215,000. (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019.04030 R STREET INSTITUTE

23

05290925 745960 28560

Page 2

	Pa
Employer identification	num

Name of organization

26 - 3477125

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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. irom 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
		 \$	

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	T INSTITUTE	o to overenizations described in	anotion E04(-)(7) (0)	26-3477125
f	Exclusively religious, charitable, etc., contribution rom any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, char Jse duplicate copies of Part III if additional spa	rough (e) and the following line e itable, etc., contributions of \$1,000 c	ntry For organizations	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held
		(e) Transfer of g	ift	
-	Transferee's name, address, and	ZIP + 4	Relationshi	o of transferor to transferee
a) No. from	(b) Purpose of gift			d) Description of how gift is held
Part I		.,		· · · · · · · · · · · · · · · · · · ·
-		(e) Transfer of g	 ift	
	Transferee's name, address, and	ZIP + 4	Relationshi	o of transferor to transferee
-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of g ZIP + 4		o of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held
 		(e) Transfer of g		
	Transferee's name, address, and			o of transferor to transferee
-				

SCHEDULE C	Po	litical Campaign a	Ind Lobbyin	g Activities	OMB No. 1545-0047				
(Form 990 or 990-EZ)		anizations Exempt From Income	-	-	2019				
		if the organization is described							
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for i			2. Open to Public Inspection				
-	f the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then								
		plete Parts I-A and B. Do not com	•						
		01(c)(3)) organizations: Complete I	Parts I-A and C below	v. Do not complete Part I-B.					
Section 527 organization	•	e Part I-A only. I Form 990, Part IV, line 4, or Foi		ing 47 /L obbying Activition	\ thon				
		have filed Form 5768 (election und							
	•	have NOT filed Form 5768 (election	())	•	•				
	wered "Yes," or	n Form 990, Part IV, line 5 (Proxy	,		•				
		tions: Complete Part III.							
Name of organization	,, er (e) er gemiler			Emple	oyer identification number				
		T INSTITUTE			26-3477125				
Part I-A Comple	ete if the org	anization is exempt unde	er section 501(c)	or is a section 527 or	ganization.				
 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 									
made payments. For contributions received	or each organiza ved that were pr	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a additional space is needed, provid	from the filing organiz separate political org	zation's funds. Also enter th anization, such as a separa	e 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. LHA

Schedule C (Form 990 or 990-EZ) 2019

932041 11-26-19

2019.04030 R STREET INSTITUTE

26

Schedule C (Form 990 or 990-EZ) 2019 R		26-3477125 Page 2
Part II-A Complete if the orga	nization is exempt under section 501(c)(3) a	and filed Form 5768 (election under

A Check 🕨 🛄 if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	group member's nam	e, address, EIN.
expenses, and share of exces		0	
B Check 🕨 🔲 if the filing organization check	ed box A and "limited control" provisions apply.		
Limits on Lobi	oying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)	0.	
b Total lobbying expenditures to influence a lea	gislative body (direct lobbying)	42,138.	
	d 1b)	42,138.	
	,	10,068,706.	
	s 1c and 1d)	10,110,844.	
f Lobbying nontaxable amount. Enter the amo		655,542.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% o	f line 1f)	163,886.	
h Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
	er line 1h or line 1i, did the organization file Form 4720		
J If there is an amount other than zero on eithe			

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total		
2a Lobbying nontaxable amount	395,534.	492,665.	616,619.	655,542.	2,160,360.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					3,240,540.		
c Total lobbying expenditures	57,555.	35,084.	41,914.	42,138.	176,691.		
d Grassroots nontaxable amount	98,884.	123,166.	154,155.	163,886.	540,091.		
e Grassroots ceiling amount (150% of line 2d, column (e))					810,137.		
f Grassroots lobbying expenditures	20,000.				20,000.		

Schedule C (Form 990 or 990-EZ) 2019

932042 11-26-19

Schedule C (Form 990 or 990-EZ) 2019 R STREET INSTITUTE

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)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a)			(b)	
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5),	or se	ction	
	501(c)(6).			Vee	Na
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	ation	
Far	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, I	ines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2019

932043 11-26-19

Department of the Treasury Internal Revenue Service

(Form 99	90)
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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.



Name	of the organization			Employer identification number $26 - 3477125$				
	R STREET INSTITUTE 26-3477125 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the							
Par			unds or A	ccounts.Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir							
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	-						
	are the organization's property, subject to the organization's							
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other pur	pose confer	°				
Der								
Par		•	990, Part IV,	line 7.				
1	Purpose(s) of conservation easements held by the organizat							
	Preservation of land for public use (for example, recrea			prically important land area				
	Protection of natural habitat	Preservati	on of a certi	fied historic structure				
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qual	fied conservation contribution in the	form of a co					
	day of the tax year.			Held at the End of the Tax Year				
	Total number of conservation easements			2a				
				2b				
	Number of conservation easements on a certified historic st			2c				
d	Number of conservation easements included in (c) acquired							
	listed in the National Register			2d				
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated	by the organ	ization during the tax				
	year 🕨							
4	Number of states where property subject to conservation ea							
5	Does the organization have a written policy regarding the pe		ng of					
	violations, and enforcement of the conservation easements							
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing	g conservatio	on easements during the year				
_								
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing con	servation ea	sements during the year				
-	►\$			N (0)				
8	Does each conservation easement reported on line 2(d) abo							
-	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservat							
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial st	atements th	at describes the				
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	of Art Historical Treasures	or Other	Similar Assats				
ı aı	Complete if the organization answered "Yes" on Form							
10	If the organization elected, as permitted under FASB ASC 9		pont and hal	anaa ahaat warka				
Id	.	•						
	of art, historical treasures, or other similar assets held for pu service, provide in Part XIII the text of the footnote to its fina							
h	If the organization elected, as permitted under FASB ASC 9			a abaat warka of				
u		-						
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in	Turtherance	e of public service,				
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1							
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	acuras, or other similar assots for fin						
2	-		anciai gain,	provide				
-	the following amounts required to be reported under FASB /	-		► ¢				
	Revenue included on Form 990, Part VIII, line 1							
	Assets included in Form 990, Part X							
	For Paperwork Reduction Act Notice, see the Instruction	15 IUT FUTTI 990.		Schedule D (Form 990) 2019				
932051	10-02-19							

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29 2019.04030 R STREET INSTITUTE

Sche	dule D (Form 990) 2019 R STREE	T INSTITUT	Е				26	5-34	77125	5 Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Other	^r Similar	Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other record	ds, chec	k any of the	following tha	t make sig	nificant us	e of its		
а	Public exhibition	c	•	Loan or evo	hande prodra	m				
a b										
c										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma								Yes	🗌 No
Par	t IV Escrow and Custodial Arran							Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.		-						
1 a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributior	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year									
е	Distributions during the year									
f	Ending balance						1f		1	
	Did the organization include an amount on F						y?		Yes	
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i						<u></u>		<u></u>	
l'u		(a) Current year		Prior year	(c) Two year			rs hack	(a) Four	years back
19	Beginning of year balance	(a) Ourient year		noi yeai				5 Buok		yours buok
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	· · · · · · · · · · · · · · · · · · ·	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	ind administe	red for the	e organizati	on	г	
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
L	(ii) Related organizations If "Yes" on line 3a(ii), are the related organization	tiona liatad as requi							3a(ii)	
4	Describe in Part XIII the intended uses of the								3b	
_	t VI Land, Buildings, and Equipm		JWITTEIT	iunus.						
	Complete if the organization answere		0. Part IV	V. line 11a. S	See Form 990	. Part X. li	ne 10.			
	Description of property	(a) Cost or c			or other		cumulated		(d) Book	value
		basis (investr			(other)	• •	eciation		(-,	
1a	Land									
	Buildings									
	Leasehold improvements				5,880.		37,697			8,183.
	Equipment				5,650.		17,869			7,781.
e	Other				1,525.		21,534	Ł.		9,991.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c.)			•	315	5,955.

Schedule D (Form 990) 2019

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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	(c) Method of valuation: Cost or end-of-year market value					
(1) Financial derivatives							
(2) Closely held equity interests							
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)							

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" 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) line 15.)	🕨
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See	
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED LEASEHOLD IMPROVEMENT	
(3) ALLOWANCE	258,183.
(4) DEFERRED RENT ABATEMENT	160,266.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 418,449.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 R STREET INSTITUTE		26-	3477125 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.		
1	Total revenue, gains, and other support per audited financial statements		1	8,765,865.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			8,765,865.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			8,765,865.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	=	enses per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		i	
1	Total expenses and losses per audited financial statements		1	10,110,844.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2 a		
b	Prior year adjustments	2 b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			10,110,844.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4 a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			10,110,844.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR THE YEAR ENDED DECEMBER 31, 2019, R STREET HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

932054 10-02-19

05290925 745960 28560

SCHEDULE I (Form 990)		Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	er Assistand d Individual answered "Yes"	ce to Organ s in the Unit	izations, ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	-	Go to www.ir	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	n 990. • the latest inform	ation.		Open to Public Inspection
Name of the organization R STREET	INSTITUTE						Employer identification number 26 – 3477125
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the criteria used to award the orants or assistance?	s to substantiate th sistance?		or assistance, the	grantees' eligibility	r for the grants or ass	ie grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	procedures for moni	toring the use of grant	of grant funds in the United States	l States.]
Part II Grants and Other Assistance to Domestic Organizations and	o Domestic Organi	zations and Domestic	c Governments. C	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of (e) and (e)	(b) EIN	(if applicable) (if applicable)	onal space is need (d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
				assistatioe	other)		
							WRITE ON STATE & FEDERAL
TTUTE							INSURANCE ISSUES AND
1701 PENNSYLVANIA AVE SUITE 300 WASHINGWAN DO 20006	20-8601897	501/0//3/	65 000	c			PARTICIPATE IN ACTIVIES TN MALANASSEE EL
DODDA OU , NOTONITICAN	1000-07	1 C 1 / C 1	• • • • • • • • • • • • • • • • • • •	•			
JOHN LOCKE FOUNDATION							WILL ADVISE R STREET ON A
200 W. MORGAN STREET SUITE 200							
RALEIGH, NC 27601	56-1656943	501(C)(3)	15,000.	0.			NORTH CAROLINA
							JMI WILL CONTINUE AND
MADISON							EXTEND OUR EDUCATION
L STR							EFFORTS TO PROMOTE
TALLAHASSEE, FL 32301	59-2811908	501(C)(3)	52,000.	0.			SPECIFIC REFORMS TO
							JLATORY
TECH FREEDOM							COMMENTARY, A SHORT PAPER
110 MARYLAND AVENUE NW SUITE 409	, 101735 TC	E01/0//3/		c			CONCERNING THE IMPACT OF
WASHINGTON, DC 20009	7/-300/8L84	(c)(c)Tnc	30,000.				ТЕЛОМТ.Т.ЧОМ S ТОЛ
							TPPF WILL ASSIST WITH
TEXAS PUBLIC POLICY FOUNDATION							CENTER-RIGHT CASES IN
900 CONGRESS AVENUE SUITE 400							JAIL REFORM IN THE U.S.
AUSTIN, TX 78701	74-2524057	501(C)(3)	25,000.	.0			WITH MEDIA HITS, OP-EDS,
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	e line 1 table				ں ۲
3 Enter total number of other organizations listed in the line 1 table	ns listed in the line	1 table					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMIN (H) DESCRIPTIONS	e, see the Instruct IV FOR CC	ions for Form 990.)LUMIN (H) DE	SCRIPTION	S			Schedule I (Form 990) (2019)
932101 10-26-19			33				

Schedule I (Form 990) (2019) R STREET INSTITUTE	UTE				26-3477125 Page 2
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.	. Complete if the	organization answ	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in	l uired in Part I, lin	e 2; Part III, columr	Part I, line 2; Part III, column (b); and any other additional information.	dditional information.	
PART I, LINE 2:					
SUBGRANTS ARE MONITORED BY THE PRO	PROGRAM STAFF	AND,	DEPENDING ON	ТНЕ	
REQUIREMENTS IN EACH SUBGRANT AGREEMENT, FINAL AND/OR INTERIM NARRATIVE AND	EMENT, F	INAL AND/C	R INTERIM	NARRATIVE AND	
FINANCIAL REPORTS ARE SUBMITTED BY	SUBGRANTEE.	TEE. THESE		REPORTS ARE REVIEWED	
AND APPROVED BY THE PROGRAM STAFF	AND BY T	THE FINANCE	DIRECTOR.	АТ А	
MINIMUM, ALL SUBGRANTS REQUIRE A F	INAL NAR	FINAL NARRATIVE REPORT.	ORT.		
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:		JOHN LOCKE FOUNDATION	ATION		
932102 10-26-19		34			Schedule I (Form 990) (2019)

Part IV | Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: THE JOHN LOCKE FOUNDATION WILL ADVISE R STREET ON A STRATEGY FOR THE 2019 NORTH CAROLINA LEGISLATIVE SESSION, DURING WHICH PROPERTY INSURANCE REFORM MAY BE A MORE POPULAR LEGISLATIVE VEHICLE THAN AUTO INSURANCE REFORM. TOGETHER, THE FOUNDATION AND THE INSTITUTE WILL PREPARE A PRE-SESSION STRATEGY FOR LEGISLATION TO ADDRESS THE MASSIVE GROWTH IN RECENT YEARS OF BOTH THE BEACH PLAN AND THE FAIR PLAN.

NAME OF ORGANIZATION OR GOVERNMENT: JAMES MADISON INSTITUTE (H) PURPOSE OF GRANT OR ASSISTANCE: JMI WILL CONTINUE AND EXTEND OUR EDUCATION EFFORTS TO PROMOTE SPECIFIC REFORMS TO FLORIDA'S PROPERTY INSURANCE MARKET THAT WILL ELIMINATE BARRIERS IN THE INSURANCE ARENA,

PROTECT THE STATE FROM FINANCIAL UNCERTAINTY AND ALLOW CONSUMER CHOICE TO DRIVE PRICES NATURALLY THROUGH MARKET COMPETITION.

NAME OF ORGANIZATION OR GOVERNMENT: TECH FREEDOM

(H) PURPOSE OF GRANT OR ASSISTANCE: PRODUCE REGULATORY COMMENTARY, A

SHORT PAPER CONCERNING THE IMPACT OF DOT'S "MULTIMODAL" APPROACH TO

AUTOMATED TECHNOLOGIES, OP-EDS/BLOGPOSTS ON HAV AND LEGISLATIVE

EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: TEXAS PUBLIC POLICY FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: TPPF WILL ASSIST WITH CENTER-RIGHT CASES IN JAIL REFORM IN THE U.S. WITH MEDIA HITS, OP-EDS, AND SPEAKING

ENGAGEMENTS.

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Schedule I (Form 990)

932291 04-01-19

sc	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	F	20	10	1
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	IJ)
Dena	tment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organizatio		Employer i			mber
		R STREET INSTITUTE	26-3	347712	5	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	1 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffe	ur, cnet)			
	If a second the second					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or			х	
•		provision of all of the expenses described above? If "No," complete Part III to explain		1b	<u> </u>	
2	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?				х	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?				<u> </u>	
2	3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
3						
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.						
	Independent compensation consultant Image: Compensation survey or study Image: Compensation comparization survey or study Image: Compensation survey or study Image: Compensation comparization survey or study Image: Compensation survey or study Image: Compensation comparization survey or study Image: Compensation survey or study Image: Compensation comparization survey or study Image: Compensation survey or study Image: Compensation comparization survey or study Image: Compensation survey or study Image: Compensation comparization survey or study Image: Compensation survey or study Image: Compensation comparization survey or study Image: Compensation survey or study Image: Compensation comparization survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study Image: Compensation survey or study </td <td></td>					
		ther organizations	committee			
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				ĺ
-	organization or a re					
а	-	e payment or change-of-control payment?		4a		х
b		ceive payment from, a supplemental nonqualified retirement plan?				X
						X
c Participate in, or receive payment from, an equity-based compensation arrangement?						
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	•			5a		Х
b	Any related organiz	ation?		5b		Х
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	net earnings of:				
а	-	~		6a		Х
b	Any related organiz	ation?		6b		Х
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
		nes 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				Х
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		lule J (Forr	n 990)	2019

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Schedule J (Form 990) 2019 R STREET	REE	T INSTITUTE	G		26-3477125	-25		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	mplo	yees, and Highest (Compensated Emp	iloyees. Use duplica	tte copies if additional s	bace 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.	be re	ported on Schedule 390, Part VII.	J, report compensa	tion from the organi	zation on row (i) and froi	n related organizatio	ns, described in the ins	tructions, on row (ii).
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	ed inc	dividual must equal t	he total amount of I	⁻ orm 990, Part VII, S	section A, line 1a, applic	able column (D) and ((E) amounts for that inc	lividual.
		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Delletts	(n)-()(a)	reported as deferred on prior Form 990
(1) ELIAS ROTHENBERG-LEHRER	(i)	257,524.	0.	.0	10,632.	11,957.	280,113.	0
PRESIDENT) (j)	• 0	.0		•0	•0	•0	0.
(2) ERICA SCHODER	Ξ	198,362.	1,958.		6,08	8,992.	215,39	.0
SR. VICE PRESIDENT & CORP TREASURER			.0			• 0		.0
(3) KEVIN KOSAR	(i)	185,898.	0.	.0	7,43	.0	193,33	0.
VP, RESEARCH PARTNERSHIPS	(ii)		0.			0.		0.
(4) JAMES BAKER	(i)	163,148.	0.		6,61	.0	169,76	0.
DIRECTOR, NSCS	(ii)		.0	.0				.0
(5) CHARLES DUAN	(i)	156,219.	.0		4,94	12,866.	174,03	.0
DIRECTOR, TECH	(ii)		• 0					• 0
(6) ANDREW SMARICK	(i)	152,594.	0.	.0	5,68	18,044.	176,32	0.
DIRECTOR, CSEW	(ii)		• 0					•0
(7) PHILIP WALLACH	(i)	150,199.	500.	0.	6,179.	12,866.	169,744.	0.
SENIOR FELLOW, GOVERNANCE	(ii)	• 0	.0	.0	• 0	• 0	• 0	•0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
				7.6			Schedu	Schedule J (Form 990) 2019

37

932112 10-21-19

Schedule J (Form 990) 2019 R STREET INSTITUTE Dart III Sundamental Information	26-3477125	Page 3
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.	is 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:		
ERICA SCHODER AND PHILIP WALLACH RECEIVED BONUSES OF \$1,958 AND \$500,		
RESPECTIVELY.		
	Schedule J (Form 990) 2019	90) 2019

SCHEDULE O

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

Internal Revenue Service Name of the organization 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.

Supplemental Information to Form 990 or 990-EZ



26-3477125

R STREET INSTITUTE

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE WORK EXTENSIVELY ON BOTH STATE AND NATIONAL POLICY, FOCUSING ON

ISSUES 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 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
BUT ARE NOT LIMITED TO, A PUSH TO IMPROVE ACCOUNTABILITY AND
TRANSPARENCY AMONG POLICE DEPARTMENTS, EFFORTS TO CLEAR CRIMINAL
RECORDS AND ENHANCE THE ECONOMIC AND REENTRY PROSPECTS OF THE FORMERLY
INCARCERATED, REFORMING OUR PRE-TRIAL PROCESS SO IT IS MORE CONSISTENT
WITH NOTIONS OF DUE PROCESS AND THE PRINCIPLE OF LIMITED GOVERNMENT. WE
ALSO WORK TO REFORM HOW THE SYSTEM ENGAGES WITH YOUNG PEOPLE AND ADULTS
ON PROBATION.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

Schedule O (Form 990 or 990 EZ) (2019)	Page 2				
Name of the organization R STREET INSTITUTE	Employer identification number $26-3477125$				
AS A RESULT OF OUR TEAM'S WORK WE HAVE SEEN DEEP AND MEAN	INGFUL CHANGE				
AT THE FEDERAL AND STATE LEVEL. IN 2018, CONGRESS PASSED	THE FIRST STEP				
ACT AND THE JUVENILE JUSTICE REFORM ACT AND, IN 2019, CON	GRESS PASSED				
THE FAIR CHANCE ACT. MOREOVER, WE HELPED THE SUCCESSFUL INITIATIVES IN					
MISSOURI AND MICHIGAN THAT PASSED RAISE-THE-AGE LEGISLATION, AND IN					
NORTH CAROLINA AND LOUISIANA, THAT PASSED LEGISLATION TO EXPAND AND					
AUTOMATE CRIMINAL RECORD CLEARING. R STREET EXPERTS HAVE TESTIFIED IN					
NUMEROUS LEGISLATURES, PARTICIPATED IN POLICY CONVERSATIO	NS AT THE				
WHITE HOUSE, AND HAVE PUBLISHED WRITTEN POLICY PIECES IN	TOP NATIONAL				
AND STATE OUTLETS.					

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

FINANCE, INSURANCE AND TRADE:

THE FINANCE, INSURANCE AND TRADE POLICY PROGRAM EXPLORES EFFICIENT AND EFFECTIVE MARKET-BASED APPROACHES TO PUBLIC POLICY QUESTIONS THAT INVOLVE FINANCIAL SERVICES AND FREE TRADE. AMONG ITS PRIORITIES ARE SOUND MONEY, PUBLIC FISCAL CRISES, THE EXPANSION OF BILATERAL AND MULTILATERAL TRADE AGREEMENTS AND PLACING GOVERNMENT-SPONSORED ENTERPRISES ON EQUAL FOOTING WITH OTHER FINANCIAL INSTITUTIONS.

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

932212 09-06-19

40

R STREET HELPED TO CREATE THE INSURANCE RULES GOVERNING RIDESHARING AT THE STATE LEVEL, BRINGING TOGETHER RIDESHARING AND INSURANCE FIRMS UNDER AN AGREED-UPON REGULATORY FRAMEWORK. LAST SUMMER, PROGRAM DIRECTOR R.J. LEHMANN TESTIFIED ON FLOOD INSURANCE REFORM TO CONGRESS IN AN EFFORT TO MAKE THE PROGRAM FINANCIALLY SUSTAINABLE AND ACTUARIALLY SOUND. WE ALSO RECENTLY HELPED TO ENACT REFORMS ON EARTHQUAKE INSURANCE REQUIREMENTS IN CALIFORNIA THAT ENCOURAGE A MORE COMPETITIVE MARKETPLACE FOR COVERAGE.

EXPENSES \$ 923,331. INCLUDING GRANTS OF \$ 139,601. REVENUE \$ 0.

ENERGY AND ENVIRONMENT:

R STREET'S ENERGY & ENVIRONMENT PROGRAM SEEKS TO ADVANCE A CLEANER ENVIRONMENT AND A THRIVING ECONOMY THROUGH MARKET COMPETITION; TRANSPARENT, ACCOUNTABLE AND LIMITED GOVERNMENT; AND WELL-FOUNDED SCIENCE. FOR EXAMPLE, 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) REDUCE REGULATION AND TAXES; 2) INCREASE COMPETITION, MARKET PRICING AND INNOVATION; 3) EXPAND CONSUMER CHOICE; AND 4) BETTER DEFINE AND PROTECT PRIVATE PROPERTY RIGHTS.

IN SHORT, WE BELIEVE THE ROLE OF GOVERNMENT SHOULD BE LIMITED TO

FACILITATING COMPETITION, NOT SUBSTITUTING FOR IT. TO ACCOMPLISH THIS,

OUR WORK INCLUDES BUILDING BROAD COALITIONS AND DIVING DEEP INTO

REGULATORY WEEDS TO ELIMINATE BARRIERS TO ENTRY FOR UNCONVENTIONAL

CLEAN TECHNOLOGIES, ENABLE CONSUMERS GREATER ABILITY TO SELF-PROVIDE OR

BUY OFF THE MARKET, AND ENSURE AGENCIES STICK TO THEIR STATUTORY ROLES
932212 09-06-19
Schedule O (Form 990 or 990-EZ) (2019)
41

Schedule O (Form 990 or 990-EZ) (2019)	Page 2				
Name of the organization R STREET INSTITUTE	Employer identification number 26-3477125				
AND THAT REGULATORY DECISIONS PROPERLY ACCOUNT FOR ALL CO	STS, BENEFITS				
AND RISKS. THESE POLICIES ENHANCE MARKET SIGNALS THAT ENA	BLE THE				
ORGANIC TURNOVER OF CAPITAL STOCK AND PRUDENT ASSET MANAG	EMENT THAT				
IMPROVES ECONOMIC AND ENVIRONMENTAL OUTCOMES. THE COUNTR	Y AND THE				
WORLD BENEFIT WHEN TECHNOLOGIES AND COMPANIES COMPETE ON	THEIR MERITS.				
EXPENSES \$ 897,440. INCLUDING GRANTS OF \$ 112. REVENU	Е\$О.				
CYBER SECURITY & NATIONAL SECURITY:					
THE CYBERSECURITY AND NATIONAL SECURITY PROGRAM CONDUCTS	RESEARCH TO				
ANALYZE THE NATION'S CURRENT AND EMERGING SECURITY CHALLE	NGES				
-PARTICULARLY THOSE RELATED TO THE DIGITAL WORLD. IT SEEK	S TO DEVELOP				
POLICIES THAT WILL SOLIDIFY OUR STRENGTH BOTH AT HOME AND ABROAD, AND					
WITHOUT SACRIFICING CIVIL LIBERTIES.					
WE ARE FOCUSED ON CYBER THREATS THAT EMERGE FROM HOSTILE	OR ROGUE				
ACTORS ACROSS THE GLOBE. WE PROPOSE UPDATES AND IMPROVEM	ENTS TO OUR				
CYBERSECURITY SYSTEMS IN GOVERNMENT, IN ADDITION TO ADOPT	ING				
CYBERSECURITY BEST PRACTICES. WE ALSO PROVIDE RECOMMENDA	TIONS FOR OUR				
NUCLEAR POSTURE AND MODERNIZATION EFFORTS.					
EXPENSES \$ 806,445. INCLUDING GRANTS OF \$ 105. REVENU	Е\$О.				
COMMERCIAL FREEDOM:					
THE COMMERCIAL FREEDOM PROGRAM ADDRESSES GOVERNMENT BARRI	ERS THAT HARM				
BUSINESSES AND PEOPLE. GENERALLY, WE SUPPORT MARKET-ORIEN	TED POLICY				
SOLUTIONS THAT ENHANCE FREE ENTERPRISE, CONSUMER CHOICE A	ND PUBLIC				

WELLBEING. TO THIS END, OUR TEAM FOCUSES PRIMARILY ON OCCUPATIONAL

LICENSING, ALCOHOL POLICY, SHIPPING AND POSTAL POLICY, HEALTHCARE

DISINTERMEDIATION AND REGULATORY REFORM.

Schedule O (Form 990 or 990-EZ) (2019)

932212 09-06-19

42

Name of the organization

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 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.

IN ADDITION TO OUR WORK ON HEALTH DISINTERMEDIATION, WE STUDY HOW OCCUPATIONAL LICENSING REQUIREMENTS REDUCE ECONOMIC OPPORTUNITY AND PROTECT INCUMBENT BUSINESSES FROM COMPETITION. AS A RESULT, WE RECOMMEND WAYS TO REDUCE THE BURDEN OF LICENSING, PARTICULARLY ON THE LEAST WELL-OFF. TO THIS END, EARLIER THIS YEAR, COMMERCIAL FREEDOM 932212 09-06-19 Chedule O (Form 990 or 990-EZ) (2019) 43 05290925 745960 28560 2019.04030 R STREET INSTITUTE 28560_1

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization R STREET INSTITUTE	Page 2 Employer identification number 26-3477125
DIRECTOR, C. JARRETT DIETERLE, TESTIFIED TO CONGRESS ON O	CCUPATIONAL
LICENSING REFORM. OUR WORK ALSO EXTENDS TO POSTAL REFORM	, WHICH
FOCUSES ON ISSUES WITH THE U.S. POSTAL SERVICE'S ADMINIST	RATIVE
STRUCTURE AND PENSION LIABILITIES AND THE ROLE THE PRIVAT	E SECTOR CAN
PLAY IN OUR NATION'S POSTAL DELIVERY SYSTEM. WE ALSO MAKE	POLICY
RECOMMENDATIONS TO PROMOTE COMPETITION IN THE RETAIL AND	WHOLESALE
ALCOHOL SECTORS, AS EXISTING BUSINESSES ARE OFTEN PROTECT	ED FROM RIVALS
BY WAY OF STATE RESTRICTIONS ON THE PRODUCTION AND SALE O	F ALCOHOLIC
BEVERAGES.	
EXPENSES \$ 800,009. INCLUDING GRANTS OF \$ 22,601. REV	ENUE \$ 0.
HARM REDUCTION:	
THE HARM REDUCTION PROGRAM AIMS FOR INTEGRATED HARM REDUC	TION 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-REDUCTI	ON 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 STRE	ET 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. W	E PROMOTE
SYRINGE ACCESS PROGRAMS AND POLICIES THAT RESTRICT THE AB	USE OF OPIOIDS
AND ENGIRE THAT THETE USE DOES NOT RESULT IN UNINTENDED C	ONSEOUENCES

AND ENSURE THAT THEIR USE DOES NOT RESULT IN UNINTENDED CONSEQUENCES,

SUCH AS ILLICIT USE OF OTHER DRUGS.

EXPENSES \$ 550,659. INCLUDING GRANTS OF \$ 55. REVENUE \$ 0.

932212 09-06-19

					I I	Employer identification number
	R STREET II	NSTITU	ГЕ			26-3477125
CIVIL SOCIETY,	EDUCATION	AND WO	ORK:			

WHICH STUDIES THE BUILDING BLOCKS OF SOCIETY AND GOVERNANCE, INCLUDING ISSUES OF LOCALISM, FEDERALISM, SOCIAL CAPITAL, TRADITION, PHILANTHROPY AND MEDIATING INSTITUTIONS. IT PRODUCES RESEARCH, ANALYSIS AND COMMENTARY TO INFORM POLICYMAKERS' WORK ON A RANGE OF DOMESTIC POLICIES. OUR INITIATIVES HAVE A PARTICULAR FOCUS ON SCHOOLS AND WORKFORCE TRAINING AS ESSENTIAL CONTRIBUTORS TO AMERICA'S EFFORT TO PRODUCE CITIZENS, WORKERS AND PUBLIC LEADERS.

ACCORDINGLY, OUR GOAL IS TO EDUCATE STATE POLICYMAKERS TO SOLVE PROBLEMS IN EDUCATION AND, TO THAT END, WE FOCUS ON STUDYING AND WRITING ABOUT THE MOST PROMISING STATE POLICIES, SPOTLIGHTING THE MOST EXCITING EXAMPLES OF DYNAMIC CIVIL-SOCIETY SECTOR EFFORTS TO DO JUST THAT IN K-12 EDUCATION. MOST IMPORTANTLY IN OUR VIEW, POLICYMAKERS NEED TO KNOW WHAT POLICY TOOLS ARE CURRENTLY AVAILABLE AND THAT THERE ARE CONCRETE EXAMPLES OF SUCCESS.

EXPENSES \$ 539,722. INCLUDING GRANTS OF \$ 5,064. REVENUE \$ 0.

LOBBYING

EXPENSES \$ 42,138. INCLUDING GRANTS OF \$ 0. 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.

<u>FORM 990,</u>	PART VI,	SECTION B	, LINE	12C:	
932212 09-06-19					Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990 EZ) (2019)	Page 2			
Name of the organization R STREET INSTITUTE	Employer identification number $26-3477125$			
OFFICERS, DIRECTORS AND ALL EMPLOYEES ARE REQUIRED TO ANN	UALLY SIGN A			
CONFLICT OF INTEREST POLICY STATEMENT. IT IS THE POLICY O	F THE BOARD THAT			
THE EXISTENCE OF ANY INTERESTS BE DISCLOSED BEFORE ANY TR	ANSACTION IS			
CONSUMMATED. AFTER A POTENTIAL CONFLICT OF INTEREST IS DI	SCLOSED, 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 REASONAB	LE 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 MUS	T 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

COMPENSATION OF ALL OTHER EMPLOYEES IS EVALUATED AND SET BY THE

PRESIDENT/CHAIRMAN BASED ON COMPARABILITY DATA AND IS DOCUMENTED. THE LAST SALARY REVIEW TOOK PLACE IN JANUARY 2019.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, CO, CT, FL, HI, NC, NM, NY, PA, SC, VA

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.

932212 09-06-19

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