



[SIGN UP](#) [DONATE](#)

From <https://projects.propublica.org/nonprofits>. © Copyright 2019 Pro Publica Inc.

Nonprofit Explorer

Research Tax-Exempt Organizations

ACADEMY HEALTH

1666 K ST NW STE 1100, WASHINGTON, DC 20006-1215 | TAX-EXEMPT SINCE JULY 1983

Full text of "Form 990" for fiscal year ending Dec. 2017

Tax returns filed by nonprofit organizations are public records. The Internal Revenue Service releases them in two formats: page images and raw data in XML. The raw data is more useful, especially to researchers, because it can be extracted and analyzed more easily. The pages below are a reconstruction of a tax document using raw data from the IRS.

Source: Data and stylesheets from the Internal Revenue Service. E-file viewer adapted from [IRS e-File Viewer](#) by Ben Getson.

[← Back to main page for ACADEMY HEALTH](#)

Form 990

eFile Public Visual Render | **ObjectID: 201842199349300139 - Submission: 2018-08-07** | **TIN: 52-1260918**

 Department of the Treasury Internal Revenue Service	<h2>Return of Organization Exempt From Income Tax</h2> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</p> <p>▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.</p>	OMB No. 1545-0047 <h1>2017</h1> Open to Public Inspection
--	---	---

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ACADEMYHEALTH Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1666 K STREET NW NO 1100 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006	D Employer identification number 52-1260918 E Telephone number (202) 292-6700 G Gross receipts \$ 12,618,281
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Name and address of principal officer: DR LISA SIMPSON 1666 K STREET NW NO 1100 WASHINGTON, DC 20006	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
J Website: ▶ WWW.ACADEMYHEALTH.ORG	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1981 M State of legal domicile: DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 ACADEMYHEALTH ADVANCES THE FIELD OF HEALTH SERVICES RESEARCH BY ACTING AS AN OBJECTIVE BROKER OF INFORMATION, BRINGING

Activities & Governance	TOGETHER STAKEHOLDERS TO ADDRESS THE CURRENT AND FUTURE NEEDS OF AN EVOLVING HEALTH SYSTEM, INFORM HEALTH POLICY AND PRACTICE, AND TRANSLATE EVIDENCE INTO ACTION. ACADEMYHEALTH TOGETHER WITH ITS MEMBERS INCREASES THE UNDERSTANDING OF METHODS AND DATA USED IN THE FIELD, ENHANCES THE PROFESSIONAL SKILLS OF RESEARCHERS AND RESEARCH USERS, AND EXPANDS AWARENESS.		
	2 Check this box <input type="checkbox"/>		
	3	Number of voting members of the governing body (Part VI, line 1a)	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	20
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	65
	6	Total number of volunteers (estimate if necessary)	225
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	128,049
7b	Net unrelated business taxable income from Form 990-T, line 34	68,766	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 8,801,046 Current Year: 6,742,771
	9	Program service revenue (Part VIII, line 2g)	5,035,774 / 5,691,925
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,232 / 52,201
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	187,594 / 131,384
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,075,646 / 12,618,281
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0 / 0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0 / 0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,131,295 / 6,692,015
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0 / 0
	b	Total fundraising expenses (Part IX, column (D), line 25) 17,703	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,864,598 / 6,697,917
Net Assets or Fund Balances	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	14,995,893 / 13,389,932
	19	Revenue less expenses. Subtract line 18 from line 12	-920,247 / -771,651
	20	Total assets (Part X, line 16)	Beginning of Current Year: 9,010,933 End of Year: 9,136,485
21	Total liabilities (Part X, line 26)	5,346,187 / 6,048,961	
22	Net assets or fund balances. Subtract line 21 from line 20	3,664,746 / 3,087,524	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	2018-07-17
	DR LISA SIMPSON, PRESIDENT & CEO	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CAROLYN C QUILL CPA	Preparer's signature CAROLYN C QUILL CPA	Date	Check <input type="checkbox"/> if self-employed	PTIN P00173823
	Firm's name THOMPSON GREENSPON			Firm's EIN 54-1029635	
	Firm's address 4035 RIDGE TOP RD SUITE 700 FAIRFAX, VA 22030			Phone no. (703) 385-8888	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2017)

Part 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:
ACADEMYHEALTH ADVANCES THE FIELD OF HEALTH SERVICES RESEARCH BY ACTING AS AN OBJECTIVE BROKER OF INFORMATION, BRINGING TOGETHER STAKEHOLDERS TO ADDRESS THE CURRENT AND FUTURE NEEDS OF AN EVOLVING HEALTH SYSTEM. INFORM HEALTH POLICY AND PRACTICE.

AND TRANSLATE EVIDENCE INTO ACTION. ACADEMYHEALTH TOGETHER WITH ITS MEMBERS INCREASES THE UNDERSTANDING OF METHODS AND DATA USED IN THE FIELD, ENHANCES THE PROFESSIONAL SKILLS OF RESEARCHERS AND RESEARCH USERS, AND EXPANDS AWARENESS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **6,088,647** including grants of \$) (Revenue \$ **7,689,720**)
 PROVIDE TECHNICAL SUPPORT TRAINING AND CONSULTATION TO SUPPORT THE DEVELOPMENT AND USE OF RIGOROUS RELEVANT AND TIMELY EVIDENCE TO INCREASE THE QUALITY ACCESSIBILITY AND VALUE OF HEALTH CARE TO IMPROVE HEALTH.

4b (Code:) (Expenses \$ **2,924,695** including grants of \$) (Revenue \$ **4,158,540**)
 CONVENE NATIONAL CONFERENCES FOR HEALTH SERVICES RESEARCHERS AND HEALTH POLICYMAKERS.

4c (Code:) (Expenses \$ **337,372** including grants of \$) (Revenue \$ **622,444**)
 PROVIDE A FORUM FOR MEMBERSHIP OF HEALTH SERVICES RESEARCHERS POLICYMAKERS AND PRACTITIONERS COMMITTED TO SUPPORTING THE DEVELOPMENT OF MORE AND BETTER HEALTH SERVICES RESEARCH AND TRANSLATING THE BEST RESEARCH AND EXPERIENCE INTO USEFUL INFORMATION TO ASSIST HEALTH POLICY AND PRACTICE LEADERS IN ADDRESSING MAJOR HEALTH CHALLENGES.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **9,350,714**

Form 990 (2017)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
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		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		No
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.		

a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15		No
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 "Yes," complete Schedule F, Parts III and IV.</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19		No

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II.</i>		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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that		

	the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
	1a 104		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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 65		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
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).		
a 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	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
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?	8	
9a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b	

Form **990** (2017)

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

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

Section A Governing Body and Management

Section A. Governing body and management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	Yes	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	DC
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 DEBORAH L EDWARDS CFO 1666 K STREET NW SUITE 1100 WASHINGTON, DC 20006 (202) 292-6700

Form **990** (2017)

Form 990 (2017)

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) DARREL J GASKIN PHD DIRECTOR- CHAIR OF BOARD	2.00	X		X			0	0	0
(2) ROBIN NEWHOUSE PHD RN DIRECTOR- VICE CHAIR OF BOARD	2.00	X		X			0	0	0
(3) ANNE BEAL MD MPH DIRECTOR- SECRETARY	2.00	X		X			0	0	0
(4) CRAIG THORNTON PHD DIRECTOR- TREASURER	2.00	X		X			0	0	0
(5) PAUL WALLACE MD DIRECTOR- PAST CHAIR	2.00	X		X			31,000	0	0
(6) JOHN Z AYANIAN MD MPP DIRECTOR	2.00	X					0	0	0
(7) LAURENCE C BAKER PHD DIRECTOR	2.00	X					0	0	0
(8) CLAIRE D BRINDIS DR PH DIRECTOR	2.00	X					0	0	0
(9) PETER I BUERHAUS PHD RN	2.00								

DIRECTOR		X								0	0	0
(10) HELEN BURSTIN MD MPH	2.00	X								0	0	0
DIRECTOR												
(11) TIMOTHY S CAREY MD MPH	2.00	X								0	0	0
DIRECTOR												
(12) DONALD GOLDMANN MD	2.00	X								0	0	0
DIRECTOR												
(13) VICTOR MONTORI MD	2.00	X								0	0	0
DIRECTOR												
(14) MICHAEL J O'GRADY PHD	2.00	X								0	0	0
DIRECTOR												
(15) STEPHEN PARENTE PHD	2.00	X								0	0	0
DIRECTOR												
(16) EDUARDO SANCHEZ MD MPH	2.00	X								0	0	0
DIRECTOR												
(17) LUCY SAVITZ PHD MBA	2.00	X								0	0	0
DIRECTOR												

Form 990 (2017)

Form 990 (2017)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHOSHANNA SOFAER DR PH DIRECTOR	2.00	X						0	0	0
(19) PAUL C TANG MD MS DIRECTOR	2.00	X						0	0	0
(20) REED V TUCKSON MD FACP DIRECTOR	2.00	X						0	0	0
(21) ELIZABETH YANO PHD DIRECTOR	2.00	X						0	0	0
(22) LISA SIMPSON MBBCH MPH PRESIDENT AND CEO	40.00	X			X			470,109	0	147,641
(23) DEBORAH EDWARDS MA CFO AND VP	40.00				X			208,550	0	30,123
(24) ENRIQUE MARTINEZ-VIDAL MPP VICE PRESIDENT	40.00					X		188,060	0	28,696
(25) MARGO EDMUNDS PHD	40.00									

VICE PRESIDENT (26) BONNIE CLUXTON JD MPH	40.00				X		191,969	0	17,342
VICE PRESIDENT (27) MICHAEL GLUCK PHD	40.00				X		186,097	0	27,617
SENIOR DIRECTOR (28) PETER PLOURD MBA	40.00				X		160,098	0	25,645
SENIOR DIRECTOR	40.00				X		140,661	0	18,730
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							1,576,544	0	295,794

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 10**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
1620 K STREET ASSOCIATES LP PO BOX 758666 BALTIMORE, MD 212758666	RENT	789,616
AUDIOVISUAL ONE LTD PO BOX 1115 BEDFORD PARK, IL 604991115	AV SERVICES FOR CONFERENCES	334,575
BREDE-WASHINGTON INC 6801 MID-CITIES AVE BELTSVILLE, MD 20705	CONFERENCE EXHIBIT HALL SUPPORT	153,927
CAVAROCCI RUSCIO DENNIS ASSOC 600 MARYLAND AVENUE SW SUITE 835W WASHINGTON, DC 20024	ADVOCACY	144,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 4**

Form **990** (2017)

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants				
1a Federated campaigns	1a			
b Membership dues	1b			
c Fundraising events	1c			

Contributions, Gifts, and Other Similar An

d Related organizations	1d	
e Government grants (contributions)	1e	937,387
f All other contributions, gifts, grants, and similar amounts not included above	1f	5,805,384
g Noncash contributions included in lines 1a-1f:\$		
h Total. Add lines 1a-1f		6,742,771

Program Service Revenue		Business Code			
2a MEETING REGISTRATION	900099	2,942,050	2,942,050		
b CONTRACT SERVICES	900099	2,165,251	2,165,251		
c MEMBERSHIP DUES	900099	584,624	584,624		
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		5,691,925			

3 Investment income (including dividends, interest, and other similar amounts)		52,201			52,201
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
b Less: rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
b Less: direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less					

returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a ADVERTISING	541800	128,049		128,049	
b OTHER REVENUE	900099	2,750	2,750		
c MAILING LIST	900099	585	585		
d All other revenue					
e Total. Add lines 11a-11d		131,384			
12 Total revenue. See Instructions.		12,618,281	5,695,260	128,049	52,201

Form 990 (2017)

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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	887,424	395,473	491,951	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,667,195	2,746,276	903,216	17,703
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	536,996	370,527	166,469	
9 Other employee benefits	1,232,496	849,982	382,514	
10 Payroll taxes	367,904	253,854	114,050	
11 Fees for services (non-employees):				
a Management				
b Legal	2,130		2,130	
c Accounting	44,955		44,955	
d Lobbying	144,000	144,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,346,387	2,208,582	137,805	
12 Advertising and promotion				
13 Office expenses	103,589	81,278	22,311	

14 Information technology				
15 Royalties				
16 Occupancy	910,499		910,499	
17 Travel	592,247	526,678	65,569	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,757,625	1,638,017	119,608	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	416,167		416,167	
23 Insurance	27,325		27,325	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT MAINTENANCE	159,835		159,835	
b TELEPHONE/INTERNET	147,999	117,251	30,748	
c ALL OTHER EXPENSES	30,076	18,796	11,280	
d UNRELATED BUSINESS INCO	15,083		15,083	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,389,932	9,350,714	4,021,515	17,703
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Form **990** (2017)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,335,582	1	1,266,582
	2 Savings and temporary cash investments	1,119,530	2	1,188,193
	3 Pledges and grants receivable, net	1,607,533	3	1,828,949
	4 Accounts receivable, net	4,792	4	5,651
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	167,225	9	219,062
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,244,093		
	b Less: accumulated depreciation	10b 915,273	2,723,529	10c 2,328,820
	11 Investments—publicly traded securities	1,783,127	11	1,913,861
12 Investments—other securities. See Part IV, line 11		12		

	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	269,615	15	385,367	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,010,933	16	9,136,485	
	Liabilities	17	Accounts payable and accrued expenses	601,546	17	854,406
		18	Grants payable	1,268,072	18	1,419,095
19		Deferred revenue	568,093	19	557,292	
20		Tax-exempt bond liabilities		20		
21		Escrow or custodial account liability. Complete Part IV of Schedule D		21		
22		Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
23		Secured mortgages and notes payable to unrelated third parties		23		
24		Unsecured notes and loans payable to unrelated third parties		24		
25		Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,908,476	25	3,218,168	
26		Total liabilities. Add lines 17 through 25	5,346,187	26	6,048,961	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	3,664,746	27	3,087,524	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	3,664,746	33	3,087,524		
34	Total liabilities and net assets/fund balances	9,010,933	34	9,136,485		

Form 990 (2017)

Form 990 (2017)

Part 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	12,618,281
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,389,932
3	Revenue less expenses. Subtract line 2 from line 1	3	-771,651
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,664,746
5	Net unrealized gains (losses) on investments	5	263,160
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-68,731
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,087,524

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

	Yes	No

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

- Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

- Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Form **990** (2017)

Form 990 (2017)

Additional Data

Return to Form

Software ID:
Software Version:

Form 990, Special Condition Description:

Special Condition Description