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Form	330

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)

Department of the Treasury

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

20**18** Open to Public

OMB No. 1545-0047

Inter	nal Rever	nue Service	► Go to www.irs.gov/Form990 for instructions and the latest	information.		Inspection							
Α	For the		ndar year, or tax year beginning 10/01 , 2018, and endi	ng ()	9/30	,20 19							
В	Check if	f applicable:	C Name of organization RESOURCES FOR THE FUTURE, INC		D Employ	er identification number							
	Address	s change	Doing business as			53-0220900							
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite	E Telepho	ne number							
	Initial re	turn 1616 P STREET, NW (202) 328-5000											
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code										
	Amende	ed return	WASHINGTON, DC 20036		G Gross re	eceipts \$ 30,709,530							
	Applicat	tion pending	F Name and address of principal officer: RICHARD G NEWELL	H(a) Is this a	group return for	subordinates? 🗌 Yes 🗹 No							
			SAME AS C ABOVE			s included? 🗌 Yes 🗌 No							
<u> </u>	Tax-exe	mpt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	lf "l	No," attach a	a list. (see instructions)							
J	Website	-	/W.RFF.ORG	H(c) Grou	o exemption	number 🕨							
			Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	ation: 1952	M State	of legal domicile: NY							
P	art I	Summ											
	1	-	scribe the organization's mission or most significant activities: TO IN										
ЭC		NATURA	. RESOURCE DECISIONS THROUGH IMPARTIAL ECONOMIC RESEARCH	AND POLICY	ENGAGE	/ENT.							
Activities & Governance			<u></u>										
ver	2		s box \blacktriangleright if the organization discontinued its operations or disposed	of more tha	n 25% of	its net assets.							
ő	3					20							
ა ა	4		of independent voting members of the governing body (Part VI, line 1b			19							
itie	5		ber of individuals employed in calendar year 2018 (Part V, line 2a)			92							
Ę	6		ber of volunteers (estimate if necessary)		. 6	19							
Ă	7a		elated business revenue from Part VIII, column (C), line 12		(213)								
	b	Net unrel	ated business taxable income from Form 990-T, line 38		. 7b								
				Prior Y		Current Year							
e	8		ions and grants (Part VIII, line 1h)		9,829,595	7,017,077							
Revenue	9	•	service revenue (Part VIII, line 2g)			0							
Re	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		2,167,187	1,638,916							
	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		739,482	497,103							
	12		nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	2,736,264	9,153,096							
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)		338,543	305,419							
	14		paid to or for members (Part IX, column (A), line 4)		0.040.500	7 707 400							
Expenses	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		8,913,588	7,797,480							
ent	16a		nal fundraising fees (Part IX, column (A), line 11e)		0	0							
ЦХр	b		draising expenses (Part IX, column (D), line 25) ► 1,586,960		F 054 000	0.044.004							
_	17		benses (Part IX, column (A), lines 11a–11d, 11f–24e)		5,051,006	6,641,281							
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		4,303,137	14,744,180							
	19	Revenue	less expenses. Subtract line 18 from line 12	Beginning of C	,566,873)	(5,591,084) End of Year							
Net Assets or Fund Balances	20	Total cas	nte (Dert V. line 16)										
Asse Bala	20 21		ets (Part X, line 16)		7,405,036	83,427,208							
Net /	21		ilities (Part X, line 26)		6,149,823	26,235,010							
-	art II		s or fund balances. Subtract line 21 from line 20	0	1,255,213	57,192,198							
_		-	ULC DIOCK	monto and to	the best of a								

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	Signature of officer		D	ate	
Here	RICHARD G NEWELL, PRESIDENT &	& CEO			
	Type or print name and title	Λ			
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN
Preparer	GREGORY M. PLOTTS, CPA	Kenny Marth	8/14/2020		P01255941
Use Only	Firm's name ARONSON LLC		Fir	m's EIN ►	37-1611326
	Firm's address ► 111 ROCKVILLE PIKE,	Ph	one no. (3	801) 231-6200	
May the IRS	discuss this return with the preparer s	shown above? (see instructions) .			. 🖌 Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see the separa	te instructions.	Cat. No. 11282Y		Form 990 (2018)

	0 (2018) Statement of Program Service Accomplishments	Pag
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	•
-	RFF'S MISSION IS TO IMPROVE ENVIRONMENTAL, ENERGY, AND NATURAL RESOURCE DECISIONS THROUGH IMPARTIAL	
	ECONOMIC RESEARCH AND POLICY ENGAGEMENT.	
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	prior Form 990 or 990-EZ?	<u>~</u> r
	Did the organization cease conducting, or make significant changes in how it conducts, any program	
		- 1
	If "Yes," describe these changes on Schedule O.	<u>·</u>]
	Describe the organization's program service accomplishments for each of its three largest program services, as measu	irea
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o the total expenses, and revenue, if any, for each program service reported.	
la	(Code:) (Expenses \$ 10,710,356 including grants of \$) (Revenue \$)
	RFF'S RESEARCH AND POLICY ENGAGEMENT EFFORTS ARE FOCUSED ON OPTIMIZING THE REDUCTION OF CARBON	,
	EMISSIONS AND OTHER POLLUTANTS, MEASURING IMPACTS, AND DESIGNING STRATEGIES FOR ADAPTATION AND	
	RESILIENCE, ESPECIALLY RELATED TO CLIMATE CHANGE. WITHIN THESE BROAD THEMES, SPECIFIC AREAS OF	
	ACTIVITY INCLUDE WORK ON THE DEVELOPMENT AND EVALUATION OF INNOVATIVE POLICY AND MARKET APPROACHES,	
	INCLUDING: ECONOMYWIDE STRATEGIES SUCH AS CARBON PRICING, AND SECTOR-SPECIFIC EFFORTS IN ELECTRIC	
	POWER, TRANSPORT, INDUSTRY (INCLUDING FUEL PRODUCTION), BUILDINGS, FORESTRY, AGRICULTURE, AND OTHER	
	LAND USES; MEASURING IMPACTS ON SETTLEMENTS AND INFRASTRUCTURE, HUMAN HEALTH, FOOD AND WATER	
	SYSTEMS, AND ECOSYSTEMS, AND DESIGNING STRATEGIES FOR ADAPTATION AND RESILIENCE; AND CROSS-CUTTING	
	ISSUES SUCH AS ECONOMIC AND ENERGY TRANSITIONS, INTERNATIONAL INITIATIVES, AND THE INCORPORATION OF	
	EARTH OBSERVATIONS INTO DECISIONMAKING.	
b	(Code:) (Expenses \$ 865,008 including grants of \$) (Revenue \$ COMMUNICATIONS: DISSEMINATION OF RESEARCH RESULTS IN THE FORM OF RESEARCH PUBLICATIONS, RESOURCES MAGAZINE, RESOURCES RADIO, THE RFF WEBSITE, AND OTHER METHODS. COMMUNICATIONS ACTIVITIES ADVANCE RFF'S REPUTATION FOR INDEPENDENT RESEARCH AND NON PARTISAN WHILE INFORMING AND SHAPING PUBLIC DEBATE. RESEARCH PUBLICATIONS DISSEMINATED INCLUDE WORKING PAPERS, REPORTS, ISSUE BRIEFS, DATA TOOLS, AND RESEARCH FINDINGS IN PEER-REVIEWED JOURNALS.)
c	(Code:) (Expenses \$10,199 including grants of \$305,419) (Revenue \$ ACADEMIC RELATIONS: AWARD SMALL GRANTS AND FELLOWSHIPS TO SCHOLARS FROM OTHER INSTITUTIONS TO)
c)
ŀC	ACADEMIC RELATIONS: AWARD SMALL GRANTS AND FELLOWSHIPS TO SCHOLARS FROM OTHER INSTITUTIONS TO)
ŀd	ACADEMIC RELATIONS: AWARD SMALL GRANTS AND FELLOWSHIPS TO SCHOLARS FROM OTHER INSTITUTIONS TO)

ait	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
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		>
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		~
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? <i>If "Yes," complete Schedule D, Part I</i>	6	~	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10	~	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
	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	~	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
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	~	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
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	~	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
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		~
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
4a b	Did the organization maintain an office, employees, or agents outside of the United States? 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>	14a 14b	~	~
5	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>	115	~	<u> </u>
6	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		~
7	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</i> (see instructions)	17		~
B	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		~
9	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		~
)a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			

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Part	V Checklist of Required Schedules (continued)			
			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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		~
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> .	23	~	
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>	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c d	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c 24d		
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? If "Yes," complete Schedule L, Part I	240 25a		~
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
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		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		~
с 29	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? <i>If "Yes," complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c 29		~
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		~
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? <i>If "Yes," complete Schedule R, Part I</i> .	33		~
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		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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		~
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
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	~	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	 No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 61 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-	100	

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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1c

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			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 92								
b									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
3a									
b									
4a	\mathbf{a} 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)?	4a		~					
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).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~					
С	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		~					
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		~					
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		~					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	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		~					
9	Sponsoring organizations maintaining donor advised funds.								
а	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:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
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								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
	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 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
-	the organization is licensed to issue qualified health plans								
C 140	Enter the amount of reserves on hand	14-							
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~					
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		~					
	excess parachute payment(s) during the year?	13							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~					
10	If "Yes," complete Form 4720, Schedule O.	10							

Form **990** (2018)

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change				
	Check if Schedule O contains a response or note to any line in this Part VI				~
Secti	on A. Governing Body and Management				
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	1a 20		Yes	No
_	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent .	1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		~
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other	er person? .	3		~
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		~
5 6	Did the organization become aware during the year of a significant diversion of the organizati Did the organization have members or stockholders?	on's assets? .	5 6		レ レ
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		r
b	Are any governance decisions of the organization reserved to (or subject to approva stockholders, or persons other than the governing body?		7b		~
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	dertaken during			
а	The governing body?		8a	~	
b	Each committee with authority to act on behalf of the governing body?		8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses in Schedule C)	9		~
Secti	on B. Policies (This Section B requests information about policies not required by th	e Internal Reven	ue Co	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		~
b	If "Yes," did the organization have written policies and procedures governing the activities or affiliates, and branches to ensure their operations are consistent with the organization's exert	pt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef	-	11a	~	
b 100	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		10-		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	· · · · · ·	12a 12b	<u>ィ</u> ィ	
c	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	120	~	
13	Did the organization have a written whistleblower policy?		13	• •	
14	Did the organization have a written document retention and destruction policy?		14	~	
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by		•	
а	The organization's CEO, Executive Director, or top management official		15a	~	
b	Other officers or key employees of the organization		15b	v	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?	0	16a	~	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps	n to evaluate its			
Saati	organization's exempt status with respect to such arrangements?		16b	•	
<u>3ecu</u> 17	List the states with which a copy of this Form 990 is required to be filed NJ, NY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all the	at apply.	(Sec	tion 5	501(c)
19	✓ Own website Another's website ✓ Upon request Other (explain in Sc Describe in Schedule O whether (and if so, how) the organization made its governing docume figure is statements available to the public during the terrure.	,	erest	policy	/, and
20	financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization JESSICA ROPER, 1616 P STREET, NW, WASHINGTON, DC 20036, (202) 328-5000	on's books and re	cords		

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

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.

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	(C) Position (do not check more than or box, unless person is both officer and a director/truste					one n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RICHARD G NEWELL	35.0									
PRESIDENT & CEO		~		~				391,978	0	85,508
(2) SUSAN F TIERNEY	1.0									
CHAIR		~		~				0	0	0
(3) RUBEN KRAIEM	1.0									
VICE CHAIR		~		~				0	0	0
(4) SALLY KATZEN	1.0									
DIRECTOR		~						0	0	0
(5) ANTHONY BERNHARDT	1.0									
DIRECTOR		~						0	0	0
(6) C BOYDEN GRAY	1.0									
DIRECTOR		~						0	0	0
(7) DAVID G HAWKINS	1.0									
DIRECTOR		~						0	0	0
(8) ROBERT LITTERMAN	1.0									
DIRECTOR		~						0	0	0
(9) HENRY SCHACHT	1.0									
DIRECTOR		~						0	0	0
(10) ELAINE DORWARD-KING	1.0									
DIRECTOR		~						0	0	0
(11) ROBERT N STAVINS	1.0									
DIRECTOR		~						0	0	0
(12) JAMES ASSELSTINE	1.0									
DIRECTOR		~						0	0	0
(13) VICKY A BAILEY	1.0									
DIRECTOR		~						0	0	0
(14) DANIEL ESTY	1.0									
DIRECTOR		~						0	0	0

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(A) Name and title	(B) Average hours per	box,	ot ch unles:	s per	more rson	than c is both pr/trust	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
15) KATHRYN D SULLIVAN	1.0									
DIRECTOR		~						0	0	(
(16) KYUNG-AH PARK	1.0									
DIRECTOR		~						0	0	(
(17) JONATHAN SILVER	1.0									
DIRECTOR		~						0	0	(
(18) JAMES ROGERS	1.0									
DIRECTOR (FROM JUNE 2019)		~						0	0	(
(19) CATHERINE KLING	1.0									
DIRECTOR (FROM JUNE 2019)		~						0	0	(
(20) MARY LANDRIEU	1.0									
DIRECTOR (FROM JUNE 2019)		~						0	0	(
(21) ANN M BARTUSKA	35.0									
VP, LAND, WATER, AND NATURE				~				227,962	0	38,191
(22) RAYMOND KOPP	35.0									
VP, ENERGY AND CLIMATE				~				262,630	0	69,52 ⁻
(23) TERESA OBRIEN	35.0									
VICE PRESIDENT, FINANCE & ADMINISTRATION				~				251,237	0	30,386
(24) ROSS KEITH VAN DER LINDE	35.0									
VICE PRESIDENT FOR COMMUNICATIONS				~				109,300	0	21,772
(25) (SEE STATEMENT)										
1b Sub-total								1,243,107	0	245,378
c Total from continuation sheets to Part			:			·		1,409,157	0	301,376
d Total (add lines 1b and 1c)			-	-		·		2,652,264	0	546,754
2 Total number of individuals (including bu) w	1 1	•	
reportable compensation from the organ		0 .	000	100	54 6	10000	<i>,</i> , ,	24		

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensation employee on line 1a? If "Yes," complete Schedule J for such individual
- **5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Yes No . 3 . 3 . . 4 . . Jual . . . 5 .

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
RAFFA, INC, 1899 L STREET, NW, SUITE 850, WASHINGTON, DC 20036	ACCOUNTING	130,844
DANIEL SHAWHAN, 1415 FLORIDA AVE, NW, APT. 201, WASHINGTON, DC 20009	CONSULTING	103,530
PALANTIR.NET, 622 DAVIS STREET, SUITE 400, EVANSTON, IL 60201	CONSULTING	101,790
2 Total number of independent contractors (including but not limited to received more than \$100,000 of compensation from the organization ►	those listed above) who 3	

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Form 990 (2018)
Part VIII Statement of Revenue

T are	VIII	Check if Schedule C		oonse 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
nts nts	1a	Federated campaigns						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .						
S, C Am	С	Fundraising events .						
Gift Iar	d	Related organizations	s 1d					
ini,	е	Government grants (con		2,008,859				
tior er S	f	All other contributions, g						
ibu		and similar amounts not included above 1f		5,008,218				
ntr o d	g	Noncash contributions incluc						
	h	Total. Add lines 1a-1	f	🕨	7,017,077			
Program Service Revenue				Business Code				
sver	2a							
Å	b							
<u>vic</u>	С							
Ser	d							
am	е							
JBO.	f	All other program ser			0	0	0	0
ā	g	Total. Add lines 2a-2	<u>f</u>	🕨	0			
	3	Investment income						
		and other similar amo			1,197,148			1,197,148
	4	Income from investmen						
	5	Royalties	· · · · ·					
	_	_	(i) Real	(ii) Personal				
	6a	Gross rents	1,626,358					
	b	Less: rental expenses	1,129,042					
	c	Rental income or (loss)	497,316	0				
	d	Net rental income or	, ,		497,316			497,316
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	20,869,160					
	b	Less: cost or other basis	00 407 000					
	_	and sales expenses .	20,427,392					
	C	Gain or (loss)	441,768	0	444.700			444 700
	d	Net gain or (loss) .		🕨	441,768			441,768
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reported	ed on line 1c).					
hei		See Part IV, line 18 .						
ð		Less: direct expenses						
		Net income or (loss) f		events . 🕨				
	9a	Gross income from ga See Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) f Gross sales of in	• •	vities 🕨				
	IVa	returns and allowance						
	h							
	b	Less: cost of goods s		nton (
	С	Net income or (loss) f Miscellaneous R		Business Code				
	11a	TELEPHONE CENTER		310000	(212)		(242)	
				310000	(213)		(213)	
	b							
	c d	All other revenue			0	0	0	0
	d	Total. Add lines 11a-			(213)	0	0	0
	е 12	Total revenue. See in			9,153,096	0	(213)	2,136,232
	14	i otal i evenue. See li	1311 40110115 .	🚩	9,100,090	0	(213)	Z, 130,232

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Form **990** (2018)

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).

Do no	Check if Schedule O contains a response of include amounts reported on lines 6b, 7b,			(C)	
8b, 9k	o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,419	5,419		
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	300,000	300,000		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,704,719	668,450	811,269	225,000
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	4,386,257	3,093,532	693,666	599,059
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	650,788	520,901	60,775	69,112
9	Other employee benefits	565,655	426,461	80,479	58,715
10		490,061	343,097	99,785	47,179
11 а	Fees for services (non-employees): Management				
b		21,151		21,151	
c		68,680		68,680	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	330,581	330,581		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	32,149	17,394	14,725	30
12	Advertising and promotion	31,082	8,388	22,694	
13	Office expenses	166,136	47,468	106,240	12,428
14	Information technology	46,936	723	46,213	
15	Royalties				
16	Occupancy	775,001	691,522		83,479
17	Travel	153,135	101,402	42,180	9,553
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	379,311	256,169	109,529	13,613
20		735,238	735,238		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	340,292		340,292	
23		74,761		74,761	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	CONSULTANTS	1,034,427	867,624	104,713	62,090
b	SUBCONTRACTS	127,452	127,452		
с	PRINTING & PUBLICATIONS	31,387	31,026		361
d	COMMUNICATIONS	3,136			3,136
е	All other expenses	2,290,426	3,012,716	(1,125,495)	403,205
25	Total functional expenses. Add lines 1 through 24e	14,744,180	11,585,563	1,571,657	1,586,960
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 ▶				

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Form 990 (2018)

Pa	art X	Balance Sheet			Page 11
		Check if Schedule O contains a response or note to any line in this Par	tX		🗌
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,478,656	1	1,636,349
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	3,834,162	3	1,733,708
	4	Accounts receivable, net	1,385	4	1,603
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	C
	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			
ets	_			6	0
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges	2,680	9	0
	h		40.077.704	10-	40.074.005
	b	Less: accumulated depreciation 10b 6,924,182	19,877,761	10c	19,874,335
	11 12	Investments—publicly traded securities	51,232,486	11	50,608,210 5,017,034
	12	Investments—program-related. See Part IV, line 11	7,275,526	12 13	5,017,034
	13		0	13	(
	14 15	Intangible assets	2,702,380	14	4 555 060
	15 16	Total assets. Add lines 1 through 15 (must equal line 34)	87,405,036	15	4,555,969
-	17	Accounts payable and accrued expenses	2,757,163	17	83,427,208
	18	Grants payable	85,672	18	42,836
	19	Deferred revenue	158,381	19	234,962
	20	Tax-exempt bond liabilities	22,785,879	20	234,902
	20	Escrow or custodial account liability. Complete Part IV of Schedule D .	22,703,079	20	22,039,304
		Loans and other payables to current and former officers, directors,		21	
	22	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Га	23	Secured mortgages and notes payable to unrelated third parties		22	0
	23 24	Unsecured notes and loans payable to unrelated third parties		23	
				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	200 700	05	227.000
	26		362,728 26,149,823	25 26	337,006 26,235,010
	20	Total liabilities. Add lines 17 through 25	20,149,023	20	20,235,010
Fund Balances	27	Unrestricted net assets	49,400,391	27	47,733,296
	28	Temporarily restricted net assets	5,931,915	28	3,535,995
3	29	Permanently restricted net assets	5,922,907	29	5,922,907
		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and complete lines 30 through 34.	-,,		.,,
s l	30	Capital stock or trust principal, or current funds		30	
NG I	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds .		32	
2	33	Total net assets or fund balances	61,255,213	33	57,192,198
¥ !			,,		- ,,

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Form 99	90 (2018)			Pa	ige 12
Par	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			3,096
2	Total expenses (must equal Part IX, column (A), line 25)	2		14,74	4,180
3	Revenue less expenses. Subtract line 2 from line 1	3		(5,591	,084)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		61,25	5,213
5	Net unrealized gains (losses) on investments	5		1,52	8,069
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		57,19	2,198
Part	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 🗹 Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were com	oiled 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?		2b	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis 🗌 Consolidated basis 🗌 Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ow				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	~	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?.		3a	~	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	2	
	required data of datalo, oppidin why in conordino of and docombe any stops laken to undergo such a	aanto.		•	

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Part VII

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

(A) Name and Title	(B) Average hours per week	(Check all that apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(25) PAULA WOLFERSEDER YABAR	35.0			1				235,132	0	13,713
VICE PRESIDENT, DEVELOPMENT										
(26) SHANNON WULF TREGAR	35.0			1				138,752	0	28,711
CHIEF OF STAFF								130,732	0	20,711
(27) GREGORY MCGOVERN	35.0			1						
VICE PRESIDENT, DEVELOPMENT (FROM MAY 2019)				~				0	0	0
(28) JAMES BOYD	35.0					1		191,890	0	35,472
SENIOR FELLOW								101,000	0	55,472
(29) DENNIS BURTRAW	35.0					1		203,172	0	66,785
SENIOR FELLOW						•		200,172	•	00,700
(30) ALAN KRUPNICK	35.0					1		242,860	0	53,225
SENIOR FELLOW								242,000	•	00,220
(31) KAREN PALMER	35.0					1		200,536	0	67,553
SENIOR FELLOW								200,000	•	07,000
(32) MARGARET WALLS	35.0					1		196,815	0	35,917
SENIOR FELLOW						•		100,010	•	55,517

SCHEDULE A (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

Open to Public Inspection

Employer identification number

53-0220900

Department of the Treasury Internal Revenue Service

Name of the organization

RESOURCES FOR THE FUTURE, INC

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - **d** Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations $\ . \ . \ . \ .$

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2014 (b) 2015 (e) 2018 (c) 2016 (d) 2017 (f) Total 1 Gifts arants contributions. and

•	membership fees received. (Do not include any "unusual grants.")	9,762,611	9,756,618	7,660,068	9,829,595	7,017,077	44,025,969
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		-,,	, ,	-,		0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	9,762,611	9,756,618	7,660,068	9,829,595	7,017,077	44,025,969
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)						6,591,891
6	Public support. Subtract line 5 from line 4						37,434,078
	on B. Total Support						
	idar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	9,762,611	9,756,618	7,660,068	9,829,595	7,017,077	44,025,969
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,663,037	3,407,216	3,116,829	2,706,075	2,823,596	15,716,753
9	Net income from unrelated business activities, whether or not the business	5,005,057	3,407,210	3,110,029	2,700,073	2,023,330	13,110,733
	is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10						59,742,722
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	0
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					🕨 🗆
Secti	on C. Computation of Public Suppor	rt Percentage	e				
14	Public support percentage for 2018 (line (1, column (f))		14	62.66 %
15	Public support percentage from 2017 Scl					15	65.32 %
16a	331/3% support test-2018. If the organ						
	box and stop here. The organization qua			-			
b	33 ¹ / ₃ % support test — 2017. If the organi this box and stop here. The organization	qualifies as a p	oublicly suppo	rted organizati	on		Þ 🗆
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts- "facts-and-circu	and-circumstaumstaumstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	and stop here. s as a publicly	Explain in
b	10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization r Explain in Part VI how the organization r supported organization	ation meets the meets the	e "facts-and-c s-and-circums	bircumstances" stances" test.	test, check t The organizati	this box and s	top here.
18	Private foundation. If the organization di instructions	id not check a l	box on line 13,	16a, 16b, 17a	, or 17b, checl		

Schedule A (Form 990 or 990-EZ) 2018

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

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

Section	on A. Public Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	18	(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 performed, 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 business under section 513							
4	Tax revenues levied for the							
•	organization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
•	furnished by a governmental unit to the							
	organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons .							
b	Amounts included on lines 2 and 3						-+	
5	received from other than disqualified							
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
с	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
	line 6.)							
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	18	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends,							
	payments received on securities loans, rents,							
	royalties, and income from similar sources .							
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							
	acquired after June 30, 1975							
с	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax ye	ar as a s	ection	1 501(c)(3)
	organization, check this box and stop he	re						🕨 🗌
Secti	on C. Computation of Public Suppor	-						
15	Public support percentage for 2018 (line &		•			15		%
16	Public support percentage from 2017 Sch					16		%
	on D. Computation of Investment Inc		÷			· · ·		
17	Investment income percentage for 2018 (•	.,,	17		%
18	Investment income percentage from 2017					18		%
19a	33 ¹ / ₃ % support tests-2018. If the organi							
	17 is not more than 33 ¹ / ₃ %, check this box	-	-	-		-		
b	33 ¹ / ₃ % support tests -2017. If the organiz							
	line 18 is not more than 33 ¹ / ₃ %, check this b	-	-	-			-	
20	Private foundation. If the organization di	d not check a	box on line 14,	19a, or 19b, o				
					0	ll - A (E -	~~~	or 000_E7\ 2019

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.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2018

Page 4

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).

Section 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? <i>If "No," explain in Part VI how</i>			
	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			

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.

Section 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 year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. *Answer (a) and (b) below.*
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** 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.*
- **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.

nis regard. 3b Schedule A (Form 990 or 990-EZ) 2018

1

3

2a

2b

3a

Yes No

_

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

1	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		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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		
	1 - 1 1 - 1		in a constantion of the

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) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	Page
Secti	on D–Distributions		· · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	<u> </u>	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
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 whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

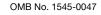
Scł	nedu	le B
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(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury

Internal Revenue Service

Schedule of Contributors

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



2018

identification number

53-0220900

Employer

RESOURCES FOR THE FUTURE, INC Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	✓ 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

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2018)
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RESOURCES FOR THE FUTURE, INC

Contributors (see instructions) Use duplicate copies of Part Lif additional space is needed

Part I	Contributors (see instructions). Use duplicate co		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Camplete Dat II for
-			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	Person 🔽 Payroll 🗌 Noncash 🗌
-			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person ✓ Payroll Noncash
-			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person 🗹 Payroll 🗌 Noncash 🗌
-			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number 53-0220900

Page 2

RESOURCES FOR THE FUTURE, INC

53-0220900 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash □
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$\$	Person Payroll Noncash Complete Part II for
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions.) (d) Type of contribution
9		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

Page 2

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Dort I

RESOURCES FOR THE FUTURE, INC

53-0220900 **Contributors** (see instructions). Use duplicate copies of Part Lif additional space is needed

Tarti			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	Person✓Payroll□Noncash□(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2 Employer identification number

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RESOURCES FOR THE FUTURE, INC

Page 3

Employer identification number 53-0220900

Part II

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

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

RESOURCES FOR THE FUTURE, INC 53-0220900

Name of or	-			Page 4 Employer identification number
Part III	(10) that total more than \$1,000 for the following line entry. For organiza contributions of \$1,000 or less for the	r the year from any tions completing Par ne year. (Enter this in	one contributors t III, enter the to formation once	53-0220900 a described in section 501(c)(7), (8), or or. Complete columns (a) through (e) and otal of exclusively religious, charitable, etc., . See instructions.) ► \$
(a) No.	Use duplicate copies of Part III if add			(d) Decovirtion of how sift is hold
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transf nd ZIP + 4	-	tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of			tionship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	(e) Transfer of gift			tionship of transferor to transferee
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transf nd ZIP + 4		tionship of transferor to transferee
				Schedule B (Form 990, 990, FZ, or 990, PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) 8/13/2020 3:44:47 PM

SCHEDULE D (Form 990)

Supplemental Financial Statements

 Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest inform	open to Public Inspection
	of the organization			Employer identification number
	•	HE FUTURE, INC		53-0220900
Par	tl Orgar	nizations Maintaining Donor Adv	rised Funds or Other Similar Fund	ds or Accounts.
	Comp	lete if the organization answered '	Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number	at end of year	4	
2		lue of contributions to (during year)	0	
3		lue of grants from (during year) .	11,000	
4		lue at end of year	159,383	
5			advisors in writing that the assets he e organization's exclusive legal contro	
6	only for chari	table purposes and not for the benef	nd donor advisors in writing that gran fit of the donor or donor advisor, or fo	or any other purpose
Par	til Conse	ervation Easements.		
	Comp	lete if the organization answered '	'Yes" on Form 990, Part IV, line 7.	
1	• • • •	conservation easements held by the		
			tion or education)	
		n of natural habitat	Preservation of	a certified historic structure
•		ion of open space	ld a qualified concernation contributio	n in the form of a concernation
2		the last day of the tax year.	eld a qualified conservation contribution	Held at the End of the Tax Year
•				
a b			S	
b	-	-	nistoric structure included in (a)	
c d			(c) acquired after 7/25/06, and not of	
u				
3			sferred, released, extinguished, or term	
4		ates where property subject to conse	rvation easement is located ►	
5	Does the or	ganization have a written policy reg	garding the periodic monitoring, insp sements it holds?	
6	Staff and volur ►	nteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
7	Amount of exp	penses incurred in monitoring, inspectin	g, handling of violations, and enforcing c	conservation easements during the year
8			2(d) above satisfy the requirements of	
9	balance shee	•	conservation easements in its revenue of the footnote to the organization's fina- onts	•
Par	-	-	s of Art, Historical Treasures, or	Other Similar Assets
T al			'Yes" on Form 990, Part IV, line 8.	
1a			AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art,	historical treasures, or other similar	assets held for public exhibition, edu ootnote to its financial statements that	ucation, or research in furtherance of
b	-	-	FAS 116 (ASC 958), to report in its r	
	public service	e, provide the following amounts relati		
	(i) Revenue i	ncluded on Form 990, Part VIII, line 1		► \$
	(ii) Assets inc	eluded in Form 990, Part X		> \$
2	If the organiz	zation received or held works of art, ounts required to be reported under S	historical treasures, or other similar FAS 116 (ASC 958) relating to these ite	assets for financial gain, provide the ems:
а				
b	Assets includ	led in Form 990, Part X		🕨 💲

Schedu	le D (Form 990) 2018					F	Page 2
Part	III Organizations Maintaining	Collections of A	Art, Historical T	Freasures, or C	ther Similar Ass	sets (continu	ued)
3	Using the organization's acquisition, collection items (check all that apply):		ner records, chec	k any of the follo	wing that are a sig	gnificant use	of its
а	Public exhibition		d 🗌 Loan	or exchange pro	arams		
b	Scholarly research		e 🗌 Other		-		
c	 Preservation for future generations 						
4	Provide a description of the organization		nd explain how t	hav further the o	anization's even	nt nurnose ir	n Dart
-	XIII.				ganzation s exem	pr purpose ii	i i ait
5	During the year, did the organization	solicit or receive	donations of art,	historical treasur	es, or other simila	r	
	assets to be sold to raise funds rather					□ Yes □	No
Part	IV Escrow and Custodial Arra	angements.					
	Complete if the organization	•	' on Form 990, F	Part IV, line 9, o	r reported an am	ount on For	m
	990, Part X, line 21.						
1a	Is the organization an agent, trustee		-			t	
	included on Form 990, Part X?					🗌 Yes 🗌	No
b	If "Yes," explain the arrangement in P	art XIII and comple	te the following ta	able:			
					An	nount	
С	Beginning balance			🔤	С		
d	Additions during the year			1	d		
е	Distributions during the year			1	e		
f	Ending balance				f		
2a	Did the organization include an amount						No
b	If "Yes," explain the arrangement in P				-		
Par				innas been provid		L	
T GI	Complete if the organization	answered "Yes'	on Form 990 F	Part IV line 10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	back
1a	Beginning of year balance	6,740,952	7,181,474				2,902
_	Contributions	0,740,952	7,101,474	0,000,700	50		5,450
b C	Net investment earnings, gains, and				50		5,450
U		300,112	400 400	050 100	419.077	(200	0 670)
-		300,112	422,123	852,180	418,977	(200	3,672)
d	Grants or scholarships		566,500				
е	Other expenditures for facilities and	000 444	000 4 45	000.47	000.474		o .
_	programs	296,144	296,145	266,47	266,471	26	6,471
f	Administrative expenses						
g	End of year balance	6,744,920	6,740,952	7,181,474		6,44	3,209
2	Provide the estimated percentage of t		d balance (line 1g	, column (a)) helc	as:		
а	Board designated or quasi-endowme		<u>)</u> %				
b		.80 %					
С	Temporarily restricted endowment ►	12.20 %					
	The percentages on lines 2a, 2b, and						
3a	Are there endowment funds not in the	e possession of th	e organization that	at are held and a	dministered for the)	
	organization by:					Yes	No
	(i) unrelated organizations					3a(i)	~
	(ii) related organizations					3a(ii)	~
b	If "Yes" on line 3a(ii), are the related o					3b	
	Describe in Part XIII the intended uses	<u> </u>	n's endowment fu	unds.			
Part	VI Land, Buildings, and Equip	oment.					
	Complete if the organization	answered "Yes'	' on Form 990, F	Part IV, line 11a	See Form 990,	Part X, line 1	10.
	Description of property	(a) Cost or oth			Accumulated	(d) Book value	e
		(investme	ent) (o	ther)	depreciation		
1a	Land			12,981,367		12,98	1,367
b	Buildings			12,335,123	5,994,823	6,34	0,300
с	Leasehold improvements			1,482,027	929,359	55	2,668
d	Equipment						
е	Other						
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	90, Part X, column	(B), line 10c.) .		19,87	4,335

Schedule D (Form 990) 2018

Investments-Other Securities. Part VII 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 (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) FIXED INCOME FUNDS 4.986.780 END OF YEAR MARKET VALUE (B) PRIVATE PLACEMENT END OF YEAR MARKET VALUE 30,254 (C) (D) (E) (F) (G) (H) 5,017,034 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Investments-Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (c) Method of valuation: (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ► Other Assets. Part IX 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) TENANT RELATED ASSETS 4,223,126 CHARITABLE TRUST AGREEMENTS 332,843 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 4,555,969 . Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (b) Book value (a) Description of liability (1) Federal income taxes (2) LIABILITIES UNDER SPLIT-INTEREST 177,623 GIFT FUNDS HELD FOR OTHERS 159,383 (3) (4) (5)

 (8)
 (9)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►
 337,006

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

(6) (7)

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Schedule D (Form 990) 2018

Schedu	le D (Form 990) 2018				Page 4
Part				Return.	
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	11,479,626
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,528,069		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,129,042		
е	Add lines 2a through 2d			2e	2,657,111
3	Subtract line 2e from line 1	· ·		3	8,822,515
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	330,581		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b			4c	330,581
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	9,153,096
Part				r Retur	'n.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.	· · · · ·	
1				1	15,542,641
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,129,042		
е	Add lines 2a through 2d			2e	1,129,042
3	Subtract line 2e from line 1	· ·		3	14,413,599
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	4a	330,581		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b			4c	330,581
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	ne 18.)		5	14,744,180
Part					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to pro	vide any additional in	formatio	n.
SEE S	TATEMENT				

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL	(a) Description RENTAL EXPENSES	(b) Amount 1,129,042
STATEMENTS NOT IN FORM 990		
SCHEDULE D, PART XII, LINE	(a) Description	(b) Amount
2(D) - OTHER EXPENSES IN AUDITED FINANCIAL	RENTAL EXPENSES	1,129,042
STATEMENTS NOT IN FORM 990		

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.

Return Reference - Identifier	Explanation
	ENDOWMENT FUNDS ARE USED TO SUPPORT VARIOUS ACTIVITIES AND PROJECTS AS DESIGNATED BY THE BOARD OF DIRECTORS AND APPLICABLE LAWS AND ARE SUBJECT TO DONOR INTENT.
LINE 2 - FIN 48 (ASC 740) FOOTNOTE	RFF EVALUATES UNCERTAINTY IN INCOME TAX POSITIONS BASED ON A MORE-LIKELY-THAN-NOT RECOGNITION STANDARD. IF THAT THRESHOLD IS MET, THE TAX POSITION IS THEN MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF SEPTEMBER 30, 2019 AND 2018, THERE ARE NO ACCRUALS FOR UNCERTAIN TAX POSITIONS. IF APPLICABLE, RFF RECORDS INTEREST AND PENALTIES AS A COMPONENT OF INCOME TAX EXPENSE. TAX YEARS FROM 2016 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES.

(Form 990) ► Complet					red "Yes" on Form 990, Part I		2018
			Go to <i>www.irs</i>	Open to Public Inspection			
	of the organization					Emplo	yer identification number
-	OURCES FOR THE						53-0220900
Pa		Information , Part IV, line		ties Outside	the United States. Con	nplete if the organization	on answered "Yes" on
1	other assistand award the gran	ce, the grante its or assistan ers. Describe	ees' eligibility nce?	/ for the gran	cords to substantiate the a ts or assistance, and the 's procedures for monitorir	selection criteria used	to . □Yes ☑No
3	outside the Un		ollowing Part	L line 3 table (can be duplicated if addition	nal space is needed)	
	(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) i a program service, describe specific type o service(s) in the region	expenditures for
(1)	CENTRAL AMERI CARIBBEAN	CA AND THE	0	0	PUBLIC EQUITY INVESTMENTS	INVESTMENT SERVICE	S 683,354
(2)	EAST ASIA AND		0	0	PUBLIC EQUITY INVESTMENTS	INVESTMENT SERVICE	1,625,483
(3)	EUROPE (INCLUI	REENLAND)	0	0	PUBLIC EQUITY INVESTMENTS	INVESTMENT SERVICE	2,475,767
(4)			0	0	PUBLIC EQUITY INVESTMENTS	INVESTMENT SERVICE	949,715
(5)	NORTH AMERICA MEXICO ONLY)		0	0	PUBLIC EQUITY INVESTMENTS		S 182,978
(6)	EUROPE (INCLUI		0	0	GRANTMAKING	RESEARCH GRANT	300,000
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a b	Total from	continuation	0	0			6,217,297 0
с	sheets to Part Totals (add line		0	0			6,217,297

Statement of Activities Outside the United States

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

Cat. No. 50082W

OMB No. 1545-0047

SCHEDULE F

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		(SEE STATEMENT)						
Enter total n	umber of recipie	ent organizations listed	above that are rec	cognized as charities	s by the foreign cour	ntry, recognized as ta	ax-exempt	1
Enter total n		grantee or counsel ha	s provided a sectio	n soricijoj equivalei	icy letter		· · •	0

Schedule F (Form 990) 2018

ted if additional spa	ace is needed.					
(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		ed if additional space is needed. (b) Region (c) Number of recipients Image:				

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2018

Page 3

Part	IV Foreign Forms		
i ai c	l'oroign chilo		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	☐ Yes	₽ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	🗹 No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	🗌 No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	🗸 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	₽ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	🖌 No

Schedule F (Form 990) 2018

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States (continued)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name of Organization	IRS code section and EIN	Region	Purpose of grant	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance	Method of valuation (book, FMV, apraisal, other)
(1)		EUROPE (INCLUDING ICELAND AND GREENLAND)	TO SUPPORT A NEW EUROPE (INCLUDING RESEARCH AND ICELAND & POLICY- DEVELOPMENT GREENLAND) UNIT WITHIN CMCC TO	300,000				

Supplemental Information. Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); andPart III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference - Identifier	Explanation
3 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL	CENTRAL AMERICA AND THE CARIBBEAN: EAST ASIA AND THE PACIFIC: EUROPE (INCLUDING ICELAND AND GREENLAND): MIDDLE EAST AND NORTH AFRICA: NORTH AMERICA (CANADA & MEXICO ONLY):
SCHEDULE F, PART II, LINE 1 - METHOD TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND): ACCRUAL

(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 201 Department of the Treasury Internal Revenue Service > Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Open to P Name of the organization > Attach to Form 990 for instructions and the latest information. Inspect RESOURCES FOR THE FUTURE, INC 53-0220900 Part 1 Questions Regarding Compensation	SCHEDULE J Compensation Information				OMB No. 1545			
	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			ghest	20	18	2	
Department of the Treasury Late to wow <i>is:gov/Porm990</i> for instructions and the latest information. Depart of the organization number is the service of the organization number is the organization of the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yee Image:					/, line 23.		_	
Name of the organization Employer identification number 53-0220900 Part Questions Regarding Compensation 53-0220900 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Vi 1a The value for companions Payments for business use of personal residence available for business use of personal residence available for business use of personal residence to relembursement or provision of all of the expenses described above? If "No," complete Part III to explain. 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? 1b 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? 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, the explain in Part III. 1b 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization committee Writte methylo	Department of the Treasury							
Part II Questions Regarding Compensation Yr 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Yr 90, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Payments for business use of personal use lidence or residence of personal use lidence or residence or residence or residence or residence or residence or residence or personal services (such as maid, chauffour, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . 1b 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? . 1b 2 Indicate which, if any, of the following the filing organization used to establish the compensation orther organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization committee Written employment contract 2 Indicate which, if any, of the following the filing organization survey or study Yr 2 Form 990 of other organization: Yr 3 Indicate which, in or receive payment from, an equity-b							Jouro	••
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a, check the approval to explain the tems checked on line 1a? 1a Check the appropriate box(es) if the organization of all of the expenses described above? If "No." complete Part III to explain the tems checked on line 1a? 1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain	RESO	URCES FOR THI	E FUTURE, INC		53-0	220900		
1a Check the appropriate box(es) if the organization provided any relevant information regarding these items. 90, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	Part	Questions	Regarding Compensation					
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b Any related organization?		•						
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	D		-			. 00		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7							
payments not described on lines 5 and 6? If "Yes," describe in Part III								~
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	8							
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe								~
in Part III		mrailii				. 8		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9	lf "Yes" on li	ne 8. did the organization also fr	blow the rebuttable presumption pro-	cedure described	in		
Regulations section 53.4958-6(c)?	·							

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

Cat. No. 50053T

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title			f W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits		
RICHARD G NEWELL	(i)	366,259	25,000	719	62,250	23,258	477,486	0
1 PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
ANN M BARTUSKA	(i)	211,575	15,000	1,387	34,860	3,331	266,153	0
2 ^{VP, LAND, WATER, AND NATURE}		0	0	0	0	0	0	0
RAYMOND KOPP	(i)	245,466	15,000	2,164	52,083	17,438	332,151	0
3 VP, ENERGY AND CLIMATE	(ii)	0	0	0	0	0	0	0
TERESA OBRIEN	(i)	234,924	15,000	1,313	27,780	2,606	281,623	0
VICE PRESIDENT, FINANCE & ADMINISTRATION	(ii)	0	0	0	0	0	0	0
PAULA WOLFERSEDER YABAR	(i)	233,788	0	1,344	13,713	0	248,845	0
5 VICE PRESIDENT, DEVELOPMENT	(ii)	0	0	0	0	0	0	0
SHANNON WULF TREGAR	(i)	133,550	5,000	202	28,560	151	167,463	0
6CHIEF OF STAFF	(ii)	0	0	0	0	0	0	0
JAMES BOYD	(i)	191,223	0	667	35,321	151	227,362	0
7SENIOR FELLOW	(ii)	0	0	0	0	0	0	0
DENNIS BURTRAW	(i)	201,228	0	1,944	43,527	23,258	269,957	0
8 SENIOR FELLOW	(ii)	0	0	0	0	0	0	0
ALAN KRUPNICK	(i)	240,808	0	2,052	49,894	3,331	296,085	0
9SENIOR FELLOW	(ii)	0	0	0	0	0	0	0
KAREN PALMER	(i)	199,237	0	1,299	43,015	24,538	268,089	0
10 ^{SENIOR FELLOW}	(ii)	0	0	0	0	0	0	0
MARGARET WALLS	(i)	195,545	0	1,270	32,586	3,331	232,732	0
11 SENIOR FELLOW	(ii)	0	0	0	0	0	0	0
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

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

Department of Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

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



2018

Open to Public Inspection

Employer Identification Number 53-0220900

Name of the Organization RESOURCES FOR THE FUTURE, INC

Return Reference - Identifier	Explanation								
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 IS REVIEWED BY THE VICE PRESIDENT OF FINANCE & ADMINISTRATION AND THE PRESIDENT AND CEO, AND MADE AVAILABLE TO THE ENTIRE BOARD PRIOR TO THE SUBMISSION TO THE IRS.								
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	ANNUALLY, THE BOARD OF DIRECTORS IS REQUIRED TO COMPLETE A CONFLICT OF IN DISCLOSURE FORM.								
FORM 990, PART VI, LINE 15 -	RFF OFFICER COMPENSATION WILL BE SET ANNUALLY AS FOLLOWS: (A) THE BOARD DECIDES THE PRESIDENT'S COMPENSATION, BASED ON A RECOMMENDATION FROM THE EXECUTIVE COMMITTEE; (B) THE EXECUTIVE COMMITTEE DECIDES ALL OTHER OFFICERS' COMPENSATION, BASED ON A RECOMMENDATION FROM THE PRESIDENT. THE INTERMEDIATE SANCTIONS RULES REQUIRE THAT ALL PROPERTY TRANSFERS BE AT FAIR MARKET VALUE. PER IRS REGULATIONS, COMPENSATION IS PRESUMED A PROPERTY TRANSFER AND IS PRESUMED TO BE AT FMV IF:(1) THE COMPENSATION AGREEMENT OR TERMS OF THE TRANSFER ARE APPROVED IN ADVANCE, BY AN AUTHORIZED BODY OF THE EXEMPT ORGANIZATION, COMPOSED ENTIRELY OF INDIVIDUALS WITHOUT A CONFLICT OF INTEREST; (2) THE BOARD OR COMMITTEE OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMPARABILITY IN MAKING ITS DETERMINATION; AND (3) THE BOARD OR COMMITTEE ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION, CONCURRENTLY WITH MAKING THE DECISION. REFERRING THE THREE CRITERIA ABOVE IN THE RFF CONTEXT: (1) SALARY AGREEMENTS ARE APPROVED IN ADVANCE BY THE BOARD OR THE EXECUTIVE COMMITTEE AND NO INTERESTED PARTIES ARE INVOLVED IN SETTING THEM. (2) WE SUBSCRIBE TO A NUMBER OF SURVEYS THAT LOOK AT NONPROFIT ORGANIZATIONS AND RESEARCH ORGANIZATIONS IN WASHINGTON AND NATIONWIDE. THEY PROVIDE GOOD INFORMATION AND CAN BE RELIED ON TO JUDGE COMPARABILITY. PERIODICALLY RFF WILL ENGAGE A COMPENSATION CONSULTANT TO CONDUCT AN INDEPENDENT ANALYSIS. (3) WE PREPARE MINUTES OF ALL EXECUTIVE COMMITTEE TO DETERMINE COMPARABILITY GOES INTO THE PERSONNEL FILES FOR THE INDIVIDUALS INVOLVED.								
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	RFF MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. RFF'S FINANCIAL STATEMENTS AND TAX RETURNS ARE POSTED ON OTHER NON-PROFIT WEBSITES THAT COLLECT AND POST NON-PROFIT INFORMATION.								
FORM 990, PART IX, LINE 24E - OTHER EXPENSES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses				
	OTHER EXPENSES	3,419,468	3,012,716	3,547	403,205				
	LESS: RENTAL EXPENSES	-1,129,042		-1,129,042					