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Form 990-T	Exempt Organization Business Incom	, me Tax Return	1.	OMB No 1545-0687				
Form 330-13	(and proxy tax under section 6033		'ム ト					
	For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018							
	For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018 Go to www.irs.gov/Form990T for instructions and the latest information.							
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 50 1(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only							
A Check box if address changed	Name of organization (Check box if name changed and see instruc	tions.)		er identification number ees' trust, see ons)				
B Exempt under section	Print RESEARCH FOR ACTION, INC.		23	-2710950				
X 501(c)(3)	or Number, street, and room or suite no. If a P.O. box, see instructions.			d business activity codes ructions)				
408(e) 220(e)	Type 100 SOUTH BROAD STREET, SUITE 700)						
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code PHILADELPHIA, PA 19110		9000	00				
C Book value of all assets at end of year	F Group exemption number (See instructions.)							
	54. G Check organization type ► X 501(c) corporation 501	(c) trust 401(a)) trust	Other trust				
H Describe the organization	n's primary unrelated business activity. > COMMUTER EXPENSE	BENEFITS						
I During the tax year, was	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled	group? ▶	Yes	X No				
If "Yes," enter the name a	and identifying number of the parent corporation.							
	► MEENA WOLVERTON	Telephone number 🕨 2	67-2	95-7760				
Part I Unrelated	d Trade or Business Income (A) Incom	me (B) Expenses	3	(C) Net				
1a Gross receipts or sale	98							
b Less returns and allow	wances c Balance 1c							
2 Cost of goods sold (S	Schedule A, line 7)							
3 Gross profit. Subtract	t line 2 from line 1c							
4 a Capital gain net incon	ne (attach Schedule D)							
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)							
c Capital loss deduction	n for trusts 4c			*****				
5 Income (loss) from p	artnerships and S corporations (attach statement) 5							
6 Rent income (Schedu	ıle C) 6							
7 Unrelated debt-financ	sed income (Schedule E)							
8 Interest, annuities, ro	yalties, and rents from controlled organizations (Sch. F) 8							
9 Investment income of	f a section 501(c)(7), (9), or (17) organization (Schedule G)							
10 Exploited exempt activ	vity income (Schedule I)							
11 Advertising income (S	Schedule J)							
12 Other income (See in:	structions; attach schedule) 12							
13 Total. Combine lines		0.						
	ons Not Taken Elsewhere (See instructions for limitations on deducate by the second through the second transfer of							
	contributions, deductions must be directly connected with the unrelated t		1 1					
•	ficers, directors, and trustees (Schedule K)		14					
15 Salaries and wages		020 03	15					
16 Repairs and mainten	mance MAR 302	nan 🎁	16					
17 Bad debts	S MAIN S S	SS SS	17					
18 Interest (attach sche			18					
19 Taxes and licenses	OGDEN,	UI	19					
	ions (See instructions for limitation rules)	 1	20					
21 Depreciation (attach	·	21	100					
•	armed on Schedule A and elsewhere on return	2a	22b					
23 Depletion			23					
	erred compensation plans		24					
25 Employee benefit pro			25					
28 Excess exempt expe			26					
27 Excess readership co			27					
28 Other deductions (at			28	0.				
<u>,</u>	add lines 14 through 28		29	0.				
	taxable income before net operating loss deduction. Subtract line 29 from line 13		30	U •				
-	leduction (limited to the amount on line 30)		31	0.				
ש	taxable income before specific deduction. Subtract line 31 from line 30		32	1,000.				
1 consequence (Generally \$1,000, but see line 33 instructions for exceptions)	tor the emaller of sere or	33	1,000.				
line 32	taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, en	TRI THE SHIGHER OF SOLD OF	34	0.				
	or Paperwork Reduction Act Notice, see instructions.		10	Fgrm 990-T (2017)				
123101 01-22-18 LFIM P(טו ר פעטו אטוג מסעטטנוטוו מטנ ווטענק, 200 וווטנוענעטווט.		11.7	. grin = = = (201/)				

Part I	Tax Computation	· · · · · · · · · · · · · · · · · · ·							
35	Organizations Taxable as Corporations. See instructions for tax computation.								
•	Controlled group members (sections 1561 and 1563) check here See instructions and:	l i							
a	The state of the s								
-	(1) \$ (2) \$ (3) \$								
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)								
	(2) Additional 3% tax (not more than \$100,000)								
	Income tax on the amount on line 34	35c	0.						
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:								
00	Tax rate schedule or Schedule D (Form 1041)	36							
37	Proxy tax. See instructions	37	·						
38	Alternative minimum tax	38							
39	Tax on Non-Compliant Facility Income. See instructions	39							
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.						
Part I									
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a								
b	Other credits (see instructions) 41b	1 1							
c	General business credit. Attach Form 3800	1							
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1 1							
	Total credits. Add lines 41a through 41d	410							
42	Subtract line 41e from line 40	42	0.						
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Other (attach schedule)	43							
44	Total tax. Add lines 42 and 43	44	0.						
	Payments: A 2016 overpayment credited to 2017								
b	2017 estimated tax payments 45b	1 1							
_	Tax deposited with Form 8868 45c 4,100.	1 1							
	Foreign organizations; Tax paid or withheld at source (see instructions) 45d	[]							
	Backup withholding (see instructions) 45e	[
f	Credit for small employer health insurance premiums (Attach Form 8941) 45f	1							
a	Other credits and payments: Form 2439	1							
A	Form 4136 Other Total 45g	1 1							
46	Total payments. Add lines 45a through 45g	46	4,100.						
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47							
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	-						
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	4,100.						
50	Enter the amount of line 49 you want; Credited to 2018 estimated tax 1,361. Refunded	50	2,739.						
Part \									
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Yes No						
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file								
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		i						
	here >		X						
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X						
	If YES, see instructions for other forms the organization may have to file.								
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$								
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	dge and belief, it is	true,						
Sign		ay the IRS discuss							
Here		e preparer shown b							
	Signature of officer Date Title	structions)?	Yes No						
	Print/Type preparer's name Preparer's signature Date Check	f PTIN							
Paid									
	Paid THOMAS MCGLONE self- employed								
Use C	S AND OTHER TED	11-19	86323						
- J- C	1601 MARKET STREET, 4TH FLOOR								
		215) 29	7-2100						
		Form	990-T (2017)						

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A				
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6	
2 Purchases	2	7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3		from line 5. Enter here and in Part I,					1
4 a Additional section 263A costs				line 2			7	<u> </u>
(attach schedule)	4a	<u>.</u> .	_ 8	Do the rules of section	263A (with respect to		Yes No
 Other costs (attach schedule) 	4b		4	property produced or a	cquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?		- MANAGE - Description		
Schedule C - Rent Income (see instructions)	(From Heal	Property and	ı Per	sonai Property L	.ease	о with неа! Prop 	erty	, <u>.</u>
1. Description of property								
(1)								
(2)								
(3)								
(4)				 				
		ed or accrued				3(a) Deductions directly	connec	ted with the income in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	columns 2(a) a	nd 2(b) ((attach schedule)
(1)								
(2)								
(3)					•			
(4)								
Total	0.	Total			0.	1		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ictions)				
			;	2. Gross income from or allocable to debt-	(2)	3. Deductions directly con to debt-finance		perty
Description of debt-fit	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)		WW	1		<u> </u>	4.10 	1	
(2)			1				1	
(3)								
(4)							ĺ	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	adjusted basis allocable to inced property h schedule)	•	3. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			+	%			-	
(2)		<u></u>		%			1	
(3)			1	%				
(4)	Ì	- 1,0,00		%				
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B)
Totals				•		0	.	0.
Total dividends-received deductions	ncluded in column	n 8		-			-	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
				Exempt (Controlled O	rganizati	ons	,			
Name of controlled organizat	on	2. Emplidentifica numb	ation		elated income instructions)	4 . Tot payr	al of specified ments made	al of specified nents made 5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)											
(2)		<u> </u>	-			-	·				
(3)			*******			<u> </u>		1			<u>-</u>
(4)											
Nonexempt Controlled Organia	zations		<u> </u>			•		-		•	-
7. Taxable Income	8. Net u	nrelated income see instructions)		9, Total	of specified payi made	ments	10. Part of column the controllingross	mn 9 thai ing organ s income	ization's	11. De with	eductions directly connected h income in column 10
(1)											-
(2)						-					' -
(3)											
(4)											-
	•			•			Add colur Enter here and line 8, 0		1, Part I,	1	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						•			0.	l	0.
Schedule G - Investme (see instr		ne of a S	ection (501(c)(7), (9), or (17) Org					
1. Desc	ription of inco	me			2. Amount of	income	3. Deduction directly connected (attach scheduler)	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									<u> </u>		
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				. •		0.					0.
Schedule I - Exploited (see instru	-	Activity I	ncome	, Other	Than Adv	ertisin/	g Income				
Description of exploited activity	unrelated incom	Gross business te from business	3. Expedirectly co- with production of unre- business	nnected duction stated	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 in 3) If a e cols. 5	from activity that attributable to solumn 5		7. Excess exempt expenses (column 6 munus column 5, but not more than column 4)		
(1)											
(2)	<u> </u>			-							
(3)	[
(4)		re and on , Part I,	Enter here page 1,					•			Enter here and on page 1,
Totals -	line 10,	col (A)	line 10, c	ol (B)							Part II, line 26
Schedule J - Advertisii			structions								
Part I Income From I	Periodic	als Repo	rted on	a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		. Direct rtising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, comput hrough 7	5. Circula income		6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									ļ	_	_
(2)					4						_
(3)					_						_
(4)					\perp				<u> </u>		
Totals (carry to Part II, line (5))	•	0		0	•						0.
											Form 990-T (2017

Part II' Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)	,					
Totals from Part I	0.	0.				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0

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