Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023

B Check if applicable:
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA
% TRACEY MERCHANT (CFO/EVP)

Doing business as
PHRMA

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
670 MAINE AVENUE SW STE 1000

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 200243556

D Employer identification number
53-0241211

E Telephone number
(202) 835-3400

G Gross receipts $ 498,465,949

F Name and address of principal officer:
STEPHEN J UBL
670 MAINE AVENUE SW STE 1000
WASHINGTON,DC 200243556

H(a) Is this a group return for subordinates? [ ] Yes [x] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: [ ] 501(c)(3) [x] 501(c) (6) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: WWW.PHRMA.ORG

K Form of organization: [x] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1958

M State of legal domicile: DE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
PHRMA'S MISSION IS TO CONDUCT EFFECTIVE ADVOCACY FOR PUBLIC POLICIES THAT ENCOURAGE THE DISCOVERY OF IMPORTANT NEW MEDICINES FOR PATIENTS BY BIOPHARMACEUTICAL RESEARCH COMPANIES.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	295
6	Total number of volunteers (estimate if necessary)	6	2,759
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	0	500,000
	9	Program service revenue (Part VIII, line 2g)	565,569,426	467,347,022
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,760,411	14,913,289
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,862	279,771
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	568,384,699	483,040,082
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	52,099,004	32,878,949
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	138,046,849	107,872,937
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	384,231,000	285,797,154
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	574,376,853	426,549,040
	19	Revenue less expenses. Subtract line 18 from line 12	-5,992,154	56,491,042

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	286,234,000	398,950,677
	21	Total liabilities (Part X, line 26)	134,567,292	188,021,710
	22	Net assets or fund balances. Subtract line 21 from line 20	151,666,708	210,928,967

Part II Signature Block

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

Sign Here

Signature of officer — Date 2024-11-14
STEPHEN J UBL PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN P01871563
Firm's name BDO USA			Firm's EIN	
Firm's address 8401 GREENSBORO DRIVE 800 MCLEAN, VA 22102			Phone no. (703) 893-0600	

May the IRS discuss this return with the preparer shown above? See Instructions. [x] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

PHRMA'S MISSION IS TO CONDUCT EFFECTIVE ADVOCACY FOR PUBLIC POLICIES THAT ENCOURAGE THE DISCOVERY OF IMPORTANT, NEW MEDICINES FOR PATIENTS BY BIOPHARMACEUTICAL RESEARCH COMPANIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ **Yes** ☑ **No**

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ including grants of $) (Revenue $)

PUBLIC POLICY ADVOCACY: PHRMA'S MISSION IS TO CONDUCT EFFECTIVE ADVOCACY FOR PUBLIC POLICIES THAT ENCOURAGE DISCOVERY OF IMPORTANT NEW MEDICINES FOR PATIENTS BY BIOPHARMACEUTICAL RESEARCH COMPANIES. PHRMA ACHIEVES THIS MISSION BY WORKING WITH, AND ON BEHALF OF, ITS MEMBER COMPANIES BEFORE GOVERNMENTAL AND REGULATORY BODIES IN THE UNITED STATES AND THROUGHOUT THE WORLD IN SUPPORT OF PRO-PATIENT, PRO-INNOVATION POLICIES. SPECIFICALLY, PHRMA ADVOCATES FOR BROAD PATIENT ACCESS TO SAFE AND EFFECTIVE MEDICINES THROUGH A FREE MARKET, WITHOUT GOVERNMENT PRICE CONTROLS; STRONG INTELLECTUAL PROPERTY INCENTIVES; AND TRANSPARENT, EFFICIENT REGULATION AND A FREE FLOW OF INFORMATION TO PATIENTS.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

MEMBER SERVICES: IN REPRESENTING THE COUNTRY'S LEADING PHARMACEUTICAL RESEARCH AND BIOTECHNOLOGY COMPANIES, PHRMA PROVIDES A FORUM FOR MEMBER COMPANIES TO PARTICIPATE IN DISCUSSIONS OF RELEVANT HEALTH CARE ISSUES AND TO DEVELOP CONSENSUS POSITIONS ON MATTERS OF PUBLIC POLICY ADVOCACY. MEMBER COMPANIES PARTICIPATE IN PHRMA ACTIVITIES THROUGH REPRESENTATION ON THE BOARD OF DIRECTORS, BOARD-LEVEL COMMITTEES, STAFF WORK GROUPS, SECTIONS, AND TASK FORCES. MEMBER COMPANY REPRESENTATIVES ALSO REGULARLY COMMUNICATE WITH PHRMA STAFF.

4c (Code:) (Expenses $ including grants of $) (Revenue $)

GENERAL EDUCATION ABOUT BIOPHARMACEUTICAL INDUSTRY: PHRMA DISSEMINATES INFORMATION ABOUT BIOPHARMACEUTICAL COMPANIES, THEIR PRODUCTS, AND THEIR BUSINESS, SCIENTIFIC AND PHILANTHROPIC ACTIVITIES THROUGH A WIDE RANGE OF CHANNELS, INCLUDING PROFILES, REPORTS, PRINCIPLES, GUIDELINES, FACT SHEETS, POLICY PAPERS AND OTHER RESOURCES. THESE EFFORTS BOLSTER PHRMA'S ABILITY TO EDUCATE AND INFORM MEMBERS OF THE GENERAL PUBLIC AS WELL AS POLICYMAKERS, THE MEDIA, PATIENTS AND OTHERS IN THE HEALTH CARE COMMUNITY ABOUT THE BIOPHARMACEUTICAL INDUSTRY AND PHRMA'S PUBLIC POLICY ACTIVITIES IN PARTICULAR.

4d Other program services (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses**

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1		No
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3	Yes	
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV 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? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	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	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? *If "Yes," complete Schedule L,* Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	432		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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** 295			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country: J A , A E , C H See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**	Yes	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *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**	Yes	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	31		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
TRACEY MERCHANT CFOEVP 670 MAINE AVE STE 1000 WASHINGTON,DC 20024 (202) 835-3400

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) STEPHEN J UBL PRESIDENT & CEO	37.5 0.0	X		X				5,053,582	0	1,653,862
(2) LORI REILLY COO	37.5 0.0				X			2,233,732	0	656,619
(3) JENNIFER BRYANT EVP, POLICY/RESEARCH	37.5 0.0				X			2,471,035	0	75,301
(4) JAMES C STANSEL GEN COUNSEL & EVP LAW, SECY	37.5 0.0			X				1,658,117	0	540,693
(5) ANNE ESPOSITO SVP, FEDERAL ADVOCACY	37.5 0.0					X		949,522	0	1,117,631
(6) SCOTT LAGANGA EVP, STATE ADVOCACY	37.5 0.0					X		1,171,708	0	372,572
(7) TRACEY MERCHANT CFO & EVP, ADMINISTRATION	37.5 0.0			X				1,124,704	0	369,597
(8) ROBERT ZIRKELBACH II EVP, PUBLIC AFFAIRS	37.5 0.0				X			1,025,001	0	370,547
(9) SHANNON C MONSIF EVP, ADVOCACY & STRATEGIC ALL	37.5 0.0				X			1,047,384	0	309,960
(10) ANNE M PRITCHETT SVP, POLICY/RESEARCH	37.5 0.0					X		1,007,339	0	247,782
(11) JAY TAYLOR EVP, INTERNATIONAL	37.5 0.0					X		938,748	0	297,850
(12) KENNETH K MCKAY IV SVP, STATE ADVOCACY	37.5 0.0					X		892,286	0	277,672
(13) ELIZABETH CARPENTER EVP, POLICY/RESEARCH	37.5 0.0				X			440,346	0	335,023
(14) RENUKA IYER EVP, HUMAN RESOURCES	37.5 0.0				X			397,692	0	222,340
(15) RICHARD MOSCICKI MD CMO & EVP, SCIENCE/REG ADVOCAC	37.5 0.0						X	597,574	0	0
(16) PAUL A AINES CFO & EVP, ADMINISTRATION	37.5 0.0						X	581,484	0	0
(17) ROBIN E PALCHUS SVP, HUMAN RESOURCES	37.5 0.0						X	289,277	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) VASANT VAS NARASIMHAN MD CHAIRMAN	2.0 0.0	X		X				0	0	0
(19) DANIEL O'DAY VICE CHAIRMAN	2.0 0.0	X		X				0	0	0
(20) CHRIS BOERNER PHD DIRECTOR	2.0 0.0	X						0	0	0
(21) JEAN-MICHEL BOERS DIRECTOR	2.0 0.0	X						0	0	0
(22) ALBERT BOURLA TREASURER	2.0 0.0	X		X				0	0	0
(23) ROBERT BRADWAY DIRECTOR	2.0 0.0	X						0	0	0
(24) ROBERT M DAVIS DIRECTOR	2.0 0.0	X						0	0	0
(25) THOMAS GIBBS DIRECTOR	2.0 0.0	X						0	0	0
(26) BARRY GREENE DIRECTOR	2.0 0.0	X						0	0	0
(27) SEBASTIAN GUTH PHD DIRECTOR	2.0 0.0	X						0	0	0
(28) ALEXANDER HARDY DIRECTOR	2.0 0.0	X						0	0	0
(29) HERVE J HOPPENOT DIRECTOR	2.0 0.0	X						0	0	0
(30) KEN KELLER DIRECTOR	2.0 0.0	X						0	0	0
(31) JULIE KIM DIRECTOR	2.0 0.0	X						0	0	0
(32) DOUGLAS J LANGA DIRECTOR	2.0 0.0	X						0	0	0
(33) DAVID LOEW DIRECTOR	2.0 0.0	X						0	0	0
(34) BOB LOJEWSKI DIRECTOR	2.0 0.0	X						0	0	0
(35) RICHARD F POPS DIRECTOR	2.0 0.0	X						0	0	0
(36) MYRTLE POTTER DIRECTOR	2.0 0.0	X						0	0	0
(37) TAREK RABAH DIRECTOR	2.0 0.0	X						0	0	0
(38) MARK REISENAUER DIRECTOR	2.0 0.0	X						0	0	0
(39) DAVID RICKS DIRECTOR	2.0 0.0	X						0	0	0
(40) CHRIS ROUND DIRECTOR	2.0 0.0	X						0	0	0
(41) JENNIFER TAUBERT DIRECTOR	2.0 0.0	X						0	0	0
(42) JEAN-CHRISTOPHE TELLIER MD DIRECTOR	2.0 0.0	X						0	0	0
(43) CHRIS VIEHBACHER DIRECTOR	2.0 0.0	X						0	0	0
(44) EMMA WALMSLEY DIRECTOR	2.0 0.0	X						0	0	0
(45) TATSUYKI YASUNO DIRECTOR	2.0 0.0	X						0	0	0
(46) Paul Hudson DIRECTOR	2.0 0.0	X						0	0	0
(47) Jean-Jaques Bienaime DIRECTOR	2.0 0.0	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								21,879,531	0	6,847,449

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 238

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LOCUST STREET SOLUTIONS LLC, 2008 HILLYER PL NW WASHINGTON, DC 20009	ADVOCACY CONSULTING	5,228,631
ARNOLD PORTER KAYE SCHOLER LLP, 601 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	LEGAL CONSULTING	4,095,008
COVINGTON BURLING LLP, 850 TENTH STREET NW WASHINGTON, DC 20001	LEGAL CONSULTING	4,032,098
AVALERE HEALTH LLC, 1201 NEW YORK AVENUE NW SUITE 1000 WASHINGTON, DC 20005	Research/CONSULTING	3,167,848
PURPLE STRATEGIES LLC, 815 SLATERS LANE ALEXANDRIA, VA 20001	COMMS STRATEGY	3,063,840

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 252

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts				
1a Federated campaigns . .	**1a**			
b Membership dues . .	**1b**			
c Fundraising events . .	**1c**			
d Related organizations	**1d**			
e Government grants (contributions)	**1e**			
f All other contributions, gifts, grants, and similar amounts not included above	**1f**	500,000		
g Noncash contributions included in lines 1a - 1f: $	**1g**			
h Total. Add lines 1a-1f				500,000

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a MEMBERSHIP DUES	900099	465,244,997	465,244,997		
b MEETINGS, SECTIONS, STUDIES	900099	2,102,025	2,102,025		
c					
d					
e					
f All other program service revenue.					
g Total. Add lines 2a–2f.	467,347,022				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		13,451,428			13,451,428
4 Income from investment of tax-exempt bond proceeds		0			
5 Royalties		0			

		(i) Real	(ii) Personal
6a Gross rents	**6a**		
b Less: rental expenses	**6b**		
c Rental income or (loss)	**6c**	0	0
d Net rental income or (loss)		0	

		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	**7a**	16,887,728					
b Less: cost or other basis and sales expenses	**7b**	15,425,867					
c Gain or (loss)	**7c**	1,461,861					
d Net gain or (loss)				1,461,861			1,461,861

8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	**8a**	0				
b Less: direct expenses	**8b**	0				
c Net income or (loss) from fundraising events . .			0			
9a Gross income from gaming activities. See Part IV, line 19 . . .	**9a**	0				
b Less: direct expenses	**9b**	0				
c Net income or (loss) from gaming activities . .			0			
10a Gross sales of inventory, less returns and allowances . .	**10a**	0				
b Less: cost of goods sold . .	**10b**	0				
c Net income or (loss) from sales of inventory . .			0			

OtherRevenueMiscAmt

	Business Code				
11a OTHER INCOME	900099	279,771			279,771
b					
c					
d All other revenue					
e Total. Add lines 11a–11d		279,771			
12 Total revenue. See instructions		483,040,082	467,347,022		15,193,060

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	32,524,386			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	354,563	0		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	21,453,868			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	68,715,438			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,470,421			
9 Other employee benefits	5,865,864			
10 Payroll taxes	6,367,346			
11 Fees for services (non-employees):				
a Management	0			
b Legal	16,201,247			
c Accounting	328,855			
d Lobbying	51,913,845			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	136,647			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	77,878,812			
12 Advertising and promotion	32,789,571			
13 Office expenses	949,412			
14 Information technology	2,024,319			
15 Royalties	0			
16 Occupancy	11,766,200			
17 Travel	4,347,305			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	4,044,261			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,531,859			
23 Insurance	624,846			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBERSHIPS	60,025,766	0	0	0
b RESEARCH STUDIES	16,095,465	0	0	0
c EQUIPMENT EXPENSE	3,618,257	0	0	0
d TAXES-OTHER	1,320,138	0	0	0
e All other expenses	200,349			
25 **Total functional expenses.** Add lines 1 through 24e	426,549,040	0	0	0
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 ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		178,664,265	2	221,437,642
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		1,756,147	4	1,364,512
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		4,368,510	9	3,896,851
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,542,873			
	b	Less: accumulated depreciation	10b 12,133,533	3,506,612	10c	25,409,340
	11	Investments—publicly traded securities		78,498,072	11	80,262,649
	12	Investments—other securities. See Part IV, line 11		8,808,980	12	10,811,296
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		10,631,414	15	55,768,387
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		286,234,000	16	398,950,677
Liabilities	17	Accounts payable and accrued expenses		50,159,102	17	56,663,492
	18	Grants payable		0	18	0
	19	Deferred revenue		48,277,680	19	33,997,527
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		36,130,510	25	97,360,691
	26	**Total liabilities.** Add lines 17 through 25		134,567,292	26	188,021,710
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		151,666,708	27	210,928,967
	28	Net assets with donor restrictions		0	28	0
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		151,666,708	32	210,928,967
	33	Total liabilities and net assets/fund balances		286,234,000	33	398,950,677

Part XI Reconcilliation 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	483,040,082
2	Total expenses (must equal Part IX, column (A), line 25)	2	426,549,040
3	Revenue less expenses. Subtract line 2 from line 1	3	56,491,042
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	151,666,708
5	Net unrealized gains (losses) on investments	5	2,777,728
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-35,666
9	Other changes in net assets or fund balances (explain in Schedule O)	9	29,155
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	210,928,967

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," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Schedule A - Part 1
Page 1 of 1

Political Campaign and Lobbying Activities

For organizations that have expenses for political campaign activities and lobbying activities, see instructions for Form 990, Part IV, lines 29 and 30.
Part II of Schedule A instructions for Form 990 or-990-EZ.
Attach to Form 990 or Form 990-EZ.
See separate instructions.

2022
Open to Public Inspection

Name of organization: [redacted]
Employer identification number: [redacted]

Part I Political Campaign Activities

1 Political campaign activities (see instructions for definition of political campaign activities): [redacted]

2 Enter the number of separate groups, unit, or division organizations included in this return: [redacted]

3 Political campaign activities of organization included in this return: [redacted]

4 Enter the number of separate groups, unit, or division organizations included in this return: [redacted]

5 Political campaign activities of organization included in this return: [redacted]

6 Enter the number of separate groups, unit, or division organizations included in this return: [redacted]

7 Enter the number of separate groups, unit, or division organizations included in this return: [redacted]

8 Enter the number of separate groups, unit, or division organizations included in this return: [redacted]

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2019	**(b)** 2020	**(c)** 2021	**(d)** 2022	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	Yes	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	466,709,792
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	106,277,119
b	Carryover from last year	2b	
c	Total	2c	106,277,119
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	154,014,231
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	-47,737,112

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART I-A, LINE 1:	PHRMA ENGAGES IN POLITICAL CAMPAIGN ACTIVITIES WHERE PERMITTED BY APPLICABLE FEDERAL, STATE, OR LOCAL LAW. PHRMA MAKES CONTRIBUTIONS TO OTHER ORGANIZATIONS FOR SECTION 527 EXEMPT FUNCTION ACTIVITIES.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2022

Open to Public Inspection

Name of the organization
PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA

Employer identification number
53-0241211

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete 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		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- **a** ☐ Public exhibition
- **b** ☐ Scholarly research
- **c** ☐ Preservation for future generations
- **d** ☐ Loan or exchange programs
- **e** ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. . . ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	**1c**	
d Additions during the year	**1d**	
e Distributions during the year	**1e**	
f Ending balance	**1f**	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, 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					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) Unrelated organizations	**3a(i)**		
(ii) Related organizations	**3a(ii)**		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		4,488,388	4,216,437	271,951
d Equipment		2,651,206	930,658	1,720,548
e Other		30,403,279	6,986,439	23,416,841
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				25,409,340

Part VII **Investments - Other Securities.**
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

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

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)RIGHT OF USE ASSETS	55,738,617
(2)OTHER ASSETS	29,770
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	55,768,387

Part X **Other Liabilities.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
CAPITAL LEASES	72,565,113
POSTRETIREMENT BENEFITS	24,607,005
ACCRUED ANNUAL LEAVE	188,573
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	97,360,691

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 ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	

Part XIII

Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, 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	Explanation
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) STATEMENT:	PHRMA IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE (THE IRS) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(6) OF THE INTERNAL REVENUE CODE (IRC), AND AS SUCH IS EXEMPT FROM FEDERAL AND STATE INCOME TAX ON INCOME RELATED TO ITS EXEMPT PURPOSE. HOWEVER, PHRMA IS SUBJECT TO FEDERAL INCOME TAX ON THE LESSER OF: (1) THE TOTAL OF CERTAIN POLITICAL EXPENDITURES OR (2) ITS NET INVESTMENT INCOME. TOTAL FEDERAL AND STATE PROVISION FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022, WAS $1.3 MILLION AND $0.7 MILLION, RESPECTIVELY. MANAGEMENT HAS EVALUATED PHRMA'S TAX POSITIONS AND CONCLUDED THAT PHRMA HAS NOT TAKEN ANY UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE CONSOLIDATED FINANCIAL STATEMENTS. AT A MINIMUM, THE TAX PERIODS ENDED DECEMBER 31, 2020 AND LATER ARE OPEN FOR EXAMINATION BY TAXING AUTHORITIES.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA

Employer identification number
53-0241211

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activites per Region. (The following Part I, line 3 table can be duplicated if additional 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 region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	East Asia and the Pacific	2	7	Program Services	See Part V	6,013,336
(2)	Middle East and North Africa	1	2	Program Services	See Part V	1,306,837
(3)	Europe (Including Iceland and Greenland)	0	0	Grantmaking		100,000
(4)	North America	0	0	Grantmaking		110,000
(5)	South America	0	0	Grantmaking		15,000
(6)	Middle East and North Africa	0	0	Grantmaking		129,563
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	3	9			7,674,736
b	Total from continuation sheets to Part I . . .					
c	**Totals** (add lines 3a and 3b)	3	9			7,674,736

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.

1 (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)
(1)		Europe (Including Iceland and Greenland)	Contribution for 2023 events	100,000	Wire			
(2)		North America	IAPO Sponsorship WHA event - MEA	50,000	Wire			
(3)		Middle East and North Africa	IAPO SPONSORSHIP	50,000	Wire			
(4)		Middle East and North Africa	Sponsorship :6/5-8/23 Event	27,500	CHECK			
(5)		Middle East and North Africa	Sponsorship	27,063	Wire			
(6)		Middle East and North Africa	Personalised Cancer Care Alliance Roundtable in Egypt Oct 20	25,000	Wire			
(7)		North America	Unrestricted Grant	20,000	Wire			
(8)		North America	Unrestricted Grant	20,000	ACH			
(9)		North America	Unrestricted Grant	20,000	Wire			
(10)		South America	Sponsorship	15,000	ACH			
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 0

3 Enter total number of other organizations or entities . . . . . ▶ 6

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.

(a) Type of grant or assistance	**(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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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? *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)* . ☐ 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

Part V **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); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation
SCHEDULE F, PART I, LINE 2:	DEPENDING ON THE NATURE AND PURPOSE OF THE GRANT, PHRMA MAY REQUIRE THE RECIPIENT OF A GRANT TO SUBMIT PERIODIC REPORTS OR SIMILAR DOCUMENTATION TO VERIFY THAT THE GRANT IS BEING USED APPROPRIATELY FOR THE INTENDED USE. IN GENERAL, UNLESS THE GRANT IS USED TO SUPPORT A SPECIFIC EFFORT OR PROJECT, THEN NO ADDITIONAL FORMAL MONITORING MAY BE INVOLVED BEYOND ENSURING APPROPRIATE DOCUMENTATION OF THE GRANT AND LEGITIMACY OF THE RECIPIENT ORGANIZATION. IRRESPECTIVE OF THE NATURE OR PURPOSE OF THE GRANT, PHRMA AWARDS GRANTS BASED ON THE UNDERSTANDING THAT RECIPIENTS ARE RESPONSIBLE FOR ENSURING THAT GRANTS ARE USED FOR PROPER PURPOSES AND IN COMPLIANCE WITH ALL LEGAL REQUIREMENTS.
SCHEDULE F, PART I, LINE 3, COLUMN (E):	REGION: EAST ASIA AND THE PACIFIC (E) MONITOR FOREIGN REGULATORY ACTIVITY AS IT AFFECTS THE INDUSTRY, AND ADVANCE POLICIES WITH RESPECT TO INTELLECTUAL PROPERTY, MARKET ACCESS, TRADE, BIOPHARMACEUTICAL REGULATION AND GLOBAL HEALTH TO PROMOTE INNOVATION AND PATIENT ACCESS TO NEW MEDICINES. REGION: MIDDLE EAST AND NORTH AFRICA (E) MONITOR FOREIGN REGULATORY ACTIVITY AS IT AFFECTS THE INDUSTRY, AND ADVANCE POLICIES WITH RESPECT TO INTELLECTUAL PROPERTY, MARKET ACCESS, TRADE, BIOPHARMACEUTICAL REGULATION AND GLOBAL HEALTH TO PROMOTE INNOVATION AND PATIENT ACCESS TO NEW MEDICINES.
SCHEDULE F, PART I & PART II:	THE DUBAI OFFICE OF THE ORGANIZATION MAKES GRANTS TO BOTH FOREIGN AND DOMESTIC ORGANIZATIONS. THE FULL AMOUNT OF GRANTS MADE BY THE DUBAI OFFICE ARE REPORTED AS GRANT-MAKING ON PART I, REGARDLESS OF WHETHER THE RECIPIENT WAS FOREIGN OR DOMESTIC. PART II OF SCHEDULE F REPORTS THE GRANTS MADE TO FOREIGN ORGANIZATIONS FROM ALL OF THE ORGANIZATION'S OFFICES.

Additional Data

Software ID:

Software Version:

Form 2A(Part-I)(Provisional) [See proviso to rule 6(1)]

Central Board of Secondary Education

Provisional Result of Candidates Appearing for the Senior School Certificate Examination (Class XII) 2020

Subject: Physical Education (048)

Date: 15/07/2020

Page 1

Name of the Examination Centre: 99999 - ABROAD

Roll No.	Name of Candidate	Father's Name	Mother's Name	Date of Birth	Result	Marks in Theory	Marks in Practical	Marks in Project	Marks in Viva	Grand Total	Remarks
99999	[illegible]	[illegible]	[illegible]	[illegible]	Fail	[illegible]				[illegible]	Compartment

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, PART I, LINE 2:	DEPENDING ON THE NATURE AND PURPOSE OF THE GRANT, PHRMA MAY REQUIRE THE RECIPIENT OF A GRANT TO SUBMIT PERIODIC REPORTS OR SIMILAR DOCUMENTATION TO VERIFY THAT THE GRANT IS BEING USED APPROPRIATELY FOR THE INTENDED USE. IN GENERAL, UNLESS THE GRANT IS BEING USED TO SUPPORT A SPECIFIC EFFORT OR PROJECT, THEN NO ADDITIONAL FORMAL MONITORING MAY BE INVOLVED BEYOND ENSURING APPROPRIATE DOCUMENTATION OF THE GRANT AND LEGITIMACY OF THE RECIPIENT ORGANIZATION. IRRESPECTIVE OF THE NATURE OR PURPOSE OF THE GRANT, PHRMA AWARDS GRANTS BASED ON THE UNDERSTANDING THAT RECIPIENTS ARE RESPONSIBLE FOR ENSURING THAT GRANTS ARE USED FOR PROPER PURPOSES AND IN COMPLIANCE WITH ALL LEGAL REQUIREMENTS.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA

Employer identification number
53-0241211

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☑ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☑ Health or social club dues or initiation fees ☑ Personal services (e.g., maid, chauffeur, 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**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
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 to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☑ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**	Yes	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		
b	Any related organization?	**5b**		
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		
b	Any related organization?	**6b**		
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not 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		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(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				
1 STEPHEN J UBL PRESIDENT & CEO	(i)	1,915,642	2,548,097	589,843	1,616,550	37,312	6,707,444	1,795,487
	(ii)	0	0	0	0	0	0	0
2 LORI REILLY COO	(i)	941,718	1,286,678	5,336	609,812	46,807	2,890,351	695,082
	(ii)	0	0	0	0	0	0	0
3 JAMES C STANSEL GEN COUNSEL & EVP LAW, SECY	(i)	813,365	838,955	5,797	497,594	43,099	2,198,810	469,225
	(ii)	0	0	0	0	0	0	0
4 JENNIFER BRYANT EVP, POLICY/RESEARCH	(i)	498,901	1,957,448	14,686	43,500	31,801	2,546,336	750,075
	(ii)	0	0	0	0	0	0	0
5 RICHARD MOSCICKI MD CMO & EVP, SCIENCE/REG ADVOCAC	(i)	0	0	597,574	0	0	597,574	0
	(ii)	0	0	0	0	0	0	0
6 PAUL A AINES CFO & EVP, ADMINISTRATION	(i)	0	0	581,484	0	0	581,484	0
	(ii)	0	0	0	0	0	0	0
7 TRACEY MERCHANT CFO & EVP, ADMINISTRATION	(i)	572,754	449,990	101,960	333,488	36,109	1,494,301	
	(ii)	0	0	0	0	0	0	0
8 ROBIN E PALCHUS SVP, HUMAN RESOURCES	(i)	0	0	289,277	0	0	289,277	0
	(ii)	0	0	0	0	0	0	0
9 RENUKA IYER EVP, HUMAN RESOURCES	(i)	395,502	0	2,190	193,000	29,340	620,032	0
	(ii)	0	0	0	0	0	0	0
10 SHANNON C MONSIF EVP, ADVOCACY & STRATEGIC ALL	(i)	524,581	495,517	27,286	259,207	50,753	1,357,344	241,009
	(ii)	0	0	0	0	0	0	0
11 ROBERT ZIRKELBACH II EVP, PUBLIC AFFAIRS	(i)	447,939	575,000	2,062	342,200	28,347	1,395,548	0
	(ii)	0	0	0	0	0	0	0
12 ELIZABETH CARPENTER EVP, POLICY/RESEARCH	(i)	189,484	250,000	862	334,463	560	775,369	0
	(ii)	0	0	0	0	0	0	0
13 SCOTT LAGANGA EVP, STATE ADVOCACY	(i)	551,295	616,543	3,870	320,790	51,782	1,544,280	307,545
	(ii)	0	0	0	0	0	0	0
14 KENNETH K MCKAY IV SVP, STATE ADVOCACY	(i)	492,654	393,412	6,220	234,145	43,527	1,169,958	0
	(ii)	0	0	0	0	0	0	0
15 ANNE M PRITCHETT SVP, POLICY/RESEARCH	(i)	540,554	453,261	13,524	233,171	14,611	1,255,121	0
	(ii)	0	0	0	0	0	0	0
16 ANNE ESPOSITO SVP, FEDERAL ADVOCACY	(i)	437,344	504,229	7,949	1,100,485	17,146	2,067,153	279,486
	(ii)	0	0	0	0	0	0	0
17 JAY TAYLOR EVP, INTERNATIONAL	(i)	508,580	414,159	16,009	251,020	46,830	1,236,598	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A:	FIRST CLASS TRAVEL: THE PRESIDENT AND COO ARE AUTHORIZED TO TRAVEL USING FIRST CLASS. TRAVEL FOR COMPANIONS: COMPANIONS OCCASIONALLY TRAVEL WITH PHRMA EXECUTIVES ON BUSINESS TRAVEL. IN SUCH CASES, COMPANION TRAVEL IS INCLUDED IN THE TAXABLE INCOME OF THE PHRMA EXECUTIVE. HOUSING ALLOWANCE: A HOUSING ALLOWANCE IS PROVIDED TO TRACEY MERCHANT, CFO & EVP, ADMINISTRATION, IT IS PAID FOR MONTHLY BY PHRMA BEGINNING IN JUNE 2022, AND IS INCLUDED IN HER INCOME ON FORM W-2. HEALTH AND WELLNESS BENEFIT: ALL PHRMA EMPLOYEES ARE ELIGIBLE TO PARTICIPATE IN PHRMA'S HEALTH AND WELLNESS BENEFIT UP TO $1,250 ANNUALLY. THE VALUE OF THIS BENEFIT IS CONSIDERED TAXABLE INCOME. PERSONAL SERVICES: THE PRESIDENT IS PROVIDED WITH A DRIVER.
SCHEDULE J, PART I, LINES 4A-C:	Supplemental Payment: Anne Esposito - $1,067,485 Supplemental Payment Plan Retirement Benefit: Paul Aines - $581,484, Richard Moscicki - $597,574, Robin Palchus - $289,277 457(F) and LTIP: PHRMA SPONSORS A NON-QUALIFIED SECTION 457(F) DEFERRED COMPENSATION PLAN AND A LONG-TERM INCENTIVE PLAN. AMOUNTS PAID OUT UNDER THESE PLANS ARE INCLUDED IN PART VII (WHEN PAID) AND SCHEDULE J, RESPECTIVELY (WHEN PAID, EARNED AND REPORTED IN A PRIOR YEAR). PRIOR YEAR PAID CURRENT YEAR AWARDED STEPHEN UBL: $ 1,795,489 $ 1,583,550 JENNIFER BRYANT $ 750,075 $ - LORI REILLY: $ 695,082 $ 573,512 ANNE ESPOSITO $ 279,486 $ - JAMES STANSEL: $ 469,225 $ 464,594 SCOTT LAGANGA: $ 307,545 $ 283,302 TRACEY MERCHANT: $ - $ 289,988 SHANNON MONSIF: $ 241,009 $ 215,707 ROBERT ZIRKELBACH II $ - $ 312,500 ELIZABETH CARPENTER $ - $ 312,500 ANNE PRITCHETT $ - $ 189,671 JAY TAYLOR $ - $ 207,520 KENNETH K MCKAY IV $ - $ 201,145 RENUKA IYER $ - $ 160,000

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA

Employer identification number
53-0241211

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6:	A CORPORATION, PARTNERSHIP, LIMITED LIABILITY COMPANY, OR SUBSIDIARY OR DIVISION OF A COMPANY WITH OPERATIONS IN THE UNITED STATES THAT IS significantly ENGAGED IN THE RESEARCH AND THE MANUFACTURE AND/OR MARKETING OF INNOVATIVE FINISHED DOSAGE PRESCRIPTION PHARMACEUTICALS OR BIOLOGICAL PRODUCTS UNDER ITS OWN BRAND NAMES AND THAT MARKETS AT LEAST ONE SUCH PRODUCT MAY QUALIFY FOR PHRMA MEMBERSHIP. PHRMA HAS ONE CLASS OF VOTING MEMBERS. MEMBERS ARE REPRESENTED ON THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7A:	EACH MEMBER OF PHRMA IS ENTITLED TO APPOINT ONE DIRECTOR. SUCH APPOINTMENT IS SUBJECT TO APPROVAL OF THE BOARD OF DIRECTORS FOLLOWING NOMINATION BY THE GOVERNANCE AND COMPENSATION COMMITTEE.
FORM 990, PART VI, SECTION A, LINE 7B:	CERTAIN MATTERS, SUCH AS AMENDING THE BY-LAWS OF THE ASSOCIATION, REQUIRE MEMBER APPROVAL.
FORM 990, PART VI, SECTION B, LINE 11B:	PHRMA'S FORM 990 IS PREPARED BY ITS ACCOUNTING FIRM, AND IS REVIEWED INTERNALLY BY KEY FINANCIAL MANAGEMENT, THE CFO AND INTERNAL LEGAL COUNSEL. A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:	PHRMA'S CONFLICT OF INTEREST POLICY (POLICY) REQUIRES ALL EMPLOYEES TO PROMPTLY DISCLOSE ANY FACT OR CIRCUMSTANCE THAT MAY INVOLVE A CONFLICT OF INTEREST TO THE EMPLOYEE'S SUPERVISOR OR THE LEGAL DEPARTMENT BEFORE STARTING AN ACTIVITY OR ACQUIRING AN INTEREST WHICH MAY BE QUESTIONABLE. THE POLICY IDENTIFIES SPECIFIC SITUATIONS WHICH MUST BE DISCLOSED BECAUSE A CONFLICT OF INTEREST COULD EXIST. EMPLOYEES ARE DIRECTED TO CONTACT PERSONNEL IN THE LEGAL DEPARTMENT OR FINANCE AND OPERATIONS DEPARTMENT WITH ANY QUESTIONS ABOUT A POSSIBLE CONFLICT OF INTEREST. OFFICERS AND KEY EMPLOYEES MUST COMPLETE AN ANNUAL CERTIFICATION THAT REQUIRES THEM TO CERTIFY THEIR DUTY TO COMPLY WITH THE POLICY AND TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. MEMBERS OF PHRMA'S BOARD OF DIRECTORS ARE SUBJECT TO THE CONFLICT OF INTEREST POLICY WITH RESPECT TO MEMBERS OF THE BOARD OF DIRECTORS (DIRECTORS POLICY). THE DIRECTORS POLICY REQUIRES MEMBERS OF THE BOARD OF DIRECTORS TO DISCLOSE THE EXISTENCE OR POSSIBLE EXISTENCE OF ANY CONFLICT OF INTEREST TO THE BOARD OF DIRECTORS AND MEMBERS OF COMMITTEES OF THE BOARD OF DIRECTORS CONSIDERING THE PROPOSED MATTER GIVING RISE, OR RELATING, TO SUCH EXISTING OR POSSIBLE CONFLICT OF INTEREST. THE REMAINING BOARD OF DIRECTORS OR COMMITTEE MEMBERS DETERMINE IF A CONFLICT OF INTEREST EXISTS WITH RESPECT TO THE DIRECTOR WHO MADE THE DISCLOSURE. IF A CONFLICT OF INTEREST IS FOUND TO EXIST, THE INTERESTED DIRECTOR IS BARRED FROM PARTICIPATING IN A MEETING OR ANY RELATED DELIBERATIONS DISCUSSING OR WITH RESPECT TO THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST, RECEIVING ANY COMMUNICATIONS REGARDING SUCH MATTER, AND PARTICIPATING IN OR BEING PRESENT FOR A VOTE ON SUCH MATTER. EACH BOARD MEMBER MUST SIGN AN ANNUAL ACKNOWLEDGEMENT WITH RESPECT TO COMPLIANCE WITH THE DIRECTORS POLICY.
FORM 990, PART VI, SECTION B, LINE 15:	EACH EXECUTIVE'S PERFORMANCE IS ASSESSED ANNUALLY AGAINST SPECIFIC PERFORMANCE OBJECTIVES AND COMPETENCIES. SENIOR LEADERSHIP, INCLUDING THE PRESIDENT/CEO, REVIEW THESE EVALUATIONS AND MAKE RECOMMENDATIONS FOR ANY COMPENSATION ADJUSTMENTS, INCLUDING MERIT INCREASES AND BONUS APPROPRIATE TO PERFORMANCE AND WITHIN AVAILABLE BUDGET. THESE RECOMMENDATIONS ARE REVIEWED WITH AND APPROVED BY THE GOVERNANCE AND COMPENSATION COMMITTEE OF THE PHRMA BOARD. HUMAN RESOURCES REVIEWS ALL SALARY ADJUSTMENTS TO ASSURE SALARIES REMAIN COMPETITIVE COMPARED TO MARKET BENCHMARKS. THE GOVERNANCE & COMPENSATION COMMITTEE REVIEWS AND APPROVES MERIT INCREASE, ANNUAL BONUS AND LONG-TERM INCENTIVE AWARDS. PRESIDENT/CEO COMPENSATION IS ESTABLISHED BY PHRMA'S BOARD OF DIRECTORS, WITH RECOMMENDATION BY THE GOVERNANCE AND COMPENSATION COMMITTEE. THE GOVERNANCE AND COMPENSATION COMMITTEE CONSIDERS AND APPROVES THE CEO'S ANNUAL COMPENSATION ADJUSTMENT, ANNUAL BONUS, LONG-TERM INCENTIVE AWARD AND DEFERRED COMPENSATION AWARD, BASED ON PERFORMANCE TO ANNUAL OBJECTIVES. PHRMA ENGAGES AN INDEPENDENT CONSULTANT TO ADVISE ON EXECUTIVE COMPENSATION, INCLUDING THAT OF THE PRESIDENT/CEO.
FORM 990, PART VI, SECTION C, LINE 19:	PHRMA DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.
FORM 990, PART XI, LINE 9:	CHANGES IN PENSION AND POST RETIREMENT 29,153
FORM 990, PART XII, LINE 2C:	THE AUDIT OVERSIGHT PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTANTS TOTAL FEES:76956451
FORM 990 PART IX LINE 11G	DESCRIPTION:RECRUITING TOTAL FEES:922361

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
PHARMACEUTICAL RESEARCH AND MANUFACTURERS OF AMERICA

Employer identification number
53-0241211

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1)PHRMA PAC 1127 11TH STREET SUITE 300 SACRAMENTO, CA 95814 20-4447742	POLITICAL	CA	527		PHRMA	Yes	
(2)PHRMA INDEPENDENT EXPENDITURE COMMITTEE 1127 11TH STREET SUITE 300 SACRAMENTO, CA 95814 90-0239652	POLITICAL	CA	527		PHRMA	Yes	
(3)PHRMA COLORADO ACTION FUND 1740 BROADWAY DENVER, CO 80274 20-5123531	POLITICAL	CO	527		PHRMA	Yes	
(4)PHRMA BETTER GOVERNMENT COMMITTEE 670 MAINE AVE SW SUITE 1000 WASHINGTON, DC 20004 52-1606127	POLITICAL	DC	527		PHRMA	Yes	
(5)PHRMA TN PAC 670 MAINE AVE SW SUITE 1000 WASHINGTON, DC 20004 53-0241211	POLITICAL	TN	527		PHRMA	Yes	
(6)CALIFORNIANS AGAINST DECEPTIVE RX PROP CAPITOL MALL 600 SACRAMENTO, CA 95814 47-4788614	POLITICAL	CA	527		PHRMA	Yes	
(7)HEALTHY NEVADA PAC PO BOX 751271 LAS VEGAS, NV 89136 82-1484120	POLITICAL	NV	527		PHRMA	Yes	
(8)PHRMA PNW PAC 407 W JEFFERSON BOISE, ID 83702 85-4117752	POLITICAL	ID	527		PHRMA	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		No
b Gift, grant, or capital contribution to related organization(s)	**1b**		No
c Gift, grant, or capital contribution from related organization(s)	**1c**		No
d Loans or loan guarantees to or for related organization(s)	**1d**		No
e Loans or loan guarantees by related organization(s)	**1e**		No
f Dividends from related organization(s)	**1f**		No
g Sale of assets to related organization(s)	**1g**		No
h Purchase of assets from related organization(s)	**1h**		No
i Exchange of assets with related organization(s)	**1i**		No
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**		No
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**		No
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		No
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		No
o Sharing of paid employees with related organization(s)	**1o**		No
p Reimbursement paid to related organization(s) for expenses	**1p**		No
q Reimbursement paid by related organization(s) for expenses	**1q**		No
r Other transfer of cash or property to related organization(s)	**1r**	Yes	
s Other transfer of cash or property from related organization(s)	**1s**		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) PHRMA PAC	R	227,500	CASH TRANSFER
(2) PHRMA INDEPENDENT EXPENDITURE COMMITTEE	R	654,495	CASH TRANSFER
(3) PHRMA COLORADO ACTION FUND	R	195,000	PAC CONTRIB.
(4) PHRMA BETTER GOVERNMENT COMMITTEE	R	174,207	CASH TRANSFER
(5) PHRMA TN PAC	R	20,000	PAC CONTRIB.
(6) CALIFORNIANS AGAINST DECEPTIVE RX PROPOSITION	R	141,700	CASH TRANSFER
(7) HEALTHY NEVADA PAC	R	162,000	PAC CONTRIB.
(8) PHRMA PNW PAC	R	55,000	PAC CONTRIB.

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income (related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproportionate allocations?		**(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Schedule R (Form 990) 2023

Additional Data

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