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PUBLIC DISCLOSURE COPY

		1	** PUBLIC	DISCLOSURE Short Form		**		OMB No. 1545-1150
Forn	.9	90-EZ	Return of Organiza			n Income	Tax	
			Under section 501(c), 527, or 4947(a)(-				, 2018
			Do not enter social security					·
		of the Treasury enue Service	Go to www.irs.gov/Form	-				Open to Public Inspection
			year, or tax year beginning OC	T 1, 2018	an	dending SEI	P 30, 2	2019
	heck if		ne of organization	1 1/ 2010				lentification number
		ress change	-					
		U U	SULTS, INC.				52-14	11039
	Initia	I return Num	er and street (or P.O. box, if mail is not delive	ered to street address)		Room/suite	E Telephone r	number
			01 15TH STREET NW				202-7	783-7100
	Ame	nacarotann	r town, state or province, country, and ZIP or	foreign postal code			F Group Exen	nption
	Applic	cation pending WA	SHINGTON, DC 20005				Number 🕨	
		nting Method:	Cash X Accrual Other (spe	cify) ►			H Check	if the organization is
		te: 🕨 <u>RESU</u>					-	d to attach Schedule B
			ck only one) — 501(c)(3) X 501(c			l)(1) or 527	(Form 990,	990-EZ, or 990-PF).
		•	X Corporation Trust	Association	Other			
			to line 9 to determine gross receipts. If gros					174,952.
	art I	(B)) are \$500,0	00 or more, file Form 990 instead of Form 99 Expenses, and Changes in N	J-EZ et Assets or Fun	d Balanc	es (see the instru	ctions for Part	
FC	II L I		rganization used Schedule O to respond to ar					
	1		ifts, grants, and similar amounts received					166,943.
	2		e revenue including government fees and con					7,155.
	3		es and assessments					.,
	4	Investment inco	me	SI	EE SCH	EDULE O	4	854.
	5a		om sale of assets other than inventory					
	b		ner basis and sales expenses					
	c	Gain or (loss) f	om sale of assets other than inventory (Subtr	act line 5b from line 5a)			5c	
	6	Gaming and fur	-					
ne	a		om gaming (attach Schedule G if greater thar		1.1			
Revenue	Ι.		· · · · · · · · · · · · · · · · · ·		6a			
Be	D		om fundraising events (not including \$	C if the ourse of ough	of contrib	utions		
			y events reported on line 1) (attach Schedule nd contributions exceeds \$15,000)		6b			
	c	-	· · · · · · · · ·		60 60		_	
	d		oss) from gaming and fundraising events (ac	Id lines 6a and 6b and su		;)	6d	
			iventory, less returns and allowances			,,		
	b		ods sold					
	c	Gross profit or	loss) from sales of inventory (Subtract line 7	b from line 7a)				
	8		lescribe in Schedule O)					
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				▶ 9	174,952.
	10		ar amounts paid (list in Schedule O)					
	11	Benefits paid to	or for members				11	
ses	12		ompensation, and employee benefits					49,570.
Expenses	13		s and other payments to independent contract					20,599. 3,353.
Exp	14	Occupancy, ren	, utilities, and maintenance				14	46.
	15 16	Other expenses	tions, postage, and shipping(describe in Schedule 0)	SI	E SCH	EDULE O	15	11,588.
	17		Add lines 10 through 16				► 17	85,156.
	18		it) for the year (Subtract line 17 from line 9)				<u> </u>	89,796.
tets	19		nd balances at beginning of year (from line 27					
Ass			n end-of-year figure reported on prior year's i				19	-4,276.
Net Assets	20		n net assets or fund balances (explain in Sch					0.
~	21		nd balances at end of year. Combine lines 18				▶ 21	85,520.
LHA	For	r Paperwork Red	iction Act Notice, see the separate instructi	ons.				Form 990-EZ (2018)

832171 12-11-18

		ſ	2-1	4110	39 Page 2
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to res					X
		A) Beginning of year			nd of year
22 Cash, savings, and investments		249,743.	_		180,633.
23 Land and buildings			23		
24 Other assets (describe in Schedule 0)			24		100 000
25 Total assets		249,743.			180,633.
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE O		254,019.			95,113.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		-4,276.	27		85,520.
Part III Statement of Program Service Accomplishmen		,			(penses for section
Check if the organization used Schedule O to res	bond to any question	in this Part III			and 501(c)(4)
What is the organization's primary exempt purpose? SEE SCHEDULE C					ons; optional for
Describe the organization's program service accomplishments for each of its three largest program manner, describe the services provided, the number of persons benefited, and other relevant inform		s. In a clear and concise		others.)	
	adon for cach program true.				
28 <u>SEE SCHEDULE O</u>					
· · · · · · · · · · · · · · · · · · ·			<u> </u>		1 002
(Grants \$) If this amount includes foreign g	rants, check here	🕨 L	2	8a	4,993.
29					
			—		
(Grants \$) If this amount includes foreign g	rants, check here	► L	2	9a	
30			_		
			_		
			—		
(Grants \$) If this amount includes foreign g]3	0a	
		Г		1a	
(Grants \$) If this amount includes foreign g				1a 32	4,993.
32 Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Key E					
Check if the organization used Schedule O to res					Y
	(b) Average hours				_
(a) Name and title	per week devoted to			h benefits	(e) Estimated
		compensation (Forms	contrib	h benefits, utions to e benefit	(e) Estimated amount of other
	position	W-2/1099-MISC)	contribu employe plans, an	utions to e benefit d deferred	
SAM DALEY-HARRIS	position	W-2/1099-MISC)	contribu employe plans, an	utions to e benefit	amount of other
SAM DALEY-HARRIS FOUNDER/DIRECTOR		W-2/1099-MISC) (if not paid, enter -0-)	contribu employe plans, an	utions to ee benefit d deferred ensation	amount of other compensation
FOUNDER/DIRECTOR	position 2.00	W-2/1099-MISC)	contribu employe plans, an	utions to e benefit d deferred	amount of other compensation
	2.00	W-2/1099-MISC) (if not paid, enter -0-) F 0 •	contribu employe plans, an	deferred onsation	amount of other compensation 0 •
FOUNDER/DIRECTOR KUL GAUTAM		W-2/1099-MISC) (if not paid, enter -0-)	contribu employe plans, an	utions to ee benefit d deferred ensation	amount of other compensation
FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN	2.00	W-2/1099-MISC) (if not paid, enter -0-) F 0 •	contribu employe plans, an	deferred onsation	amount of other compensation 0 . 0 .
FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY	2.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	contribu employe plans, an	0 •	amount of other compensation 0 •
FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY TREASURER	2.00	W-2/1099-MISC) (if not paid, enter -0-) 0 •	contribu employe plans, an	0 •	amount of other compensation 0 . 0 .
FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY TREASURER QIANA TORREGANO	2.00 1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 •	contribu employe plans, an	Utions to bee benefit d deferred insation 0 . 0 .	amount of other compensation 0 . 0 . 0 .
FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY TREASURER QIANA TORREGANO SECRETARY	2.00 1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 •	contribu employe plans, an	Utions to bee benefit d deferred insation 0 . 0 .	amount of other compensation 0 . 0 . 0 .
FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY TREASURER QIANA TORREGANO SECRETARY SCOTT LECKMAN, M.D, FACS	2.00 1.00 1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 •	contribu employe plans, an	Utions to the benefit of the benefit of the benefit of the benefit of the deferred insation	amount of other compensation 0. 0. 0.
FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY TREASURER QIANA TORREGANO SECRETARY SCOTT LECKMAN, M.D, FACS DIRECTOR	2.00 1.00 1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 •	contribu employe plans, an	Utions to the benefit of the benefit of the benefit of the benefit of the deferred insation	amount of other compensation 0. 0. 0.
FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY TREASURER QIANA TORREGANO SECRETARY SCOTT LECKMAN, M.D, FACS DIRECTOR ERNEST LEOVINSOHN	2.00 1.00 1.00 1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	contribu employe plans, an	Utions to the benefit d deferred nsation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	amount of other compensation 0. 0. 0. 0. 0. 0.
FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY TREASURER QIANA TORREGANO SECRETARY SCOTT LECKMAN, M.D, FACS DIRECTOR ERNEST LEOVINSOHN DIRECTOR	2.00 1.00 1.00 1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 •	contribu employe plans, an	Utions to the benefit d deferred nsation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	amount of other compensation 0 . 0 . 0 . 0 . 0 .
FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY TREASURER QIANA TORREGANO SECRETARY SCOTT LECKMAN, M.D, FACS DIRECTOR ERNEST LEOVINSOHN DIRECTOR MARIAN WRIGHT EDELMAN	2.00 1.00 1.00 1.00 1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 • 0 •	contribu employe plans, an	utions to the benefit d deferred nsation 0. 0. 0. 0. 0. 0.	amount of other compensation 0. 0. 0. 0. 0. 0.
FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY TREASURER QIANA TORREGANO SECRETARY SCOTT LECKMAN, M.D, FACS DIRECTOR ERNEST LEOVINSOHN DIRECTOR MARIAN WRIGHT EDELMAN DIRECTOR VALERIE HARPER DIRECTOR	2.00 1.00 1.00 1.00 1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 • 0 •	contribu employe plans, an	utions to the benefit d deferred nsation 0. 0. 0. 0. 0. 0.	amount of other compensation 0. 0. 0. 0. 0. 0.
FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY TREASURER QIANA TORREGANO SECRETARY SCOTT LECKMAN, M.D, FACS DIRECTOR ERNEST LEOVINSOHN DIRECTOR MARIAN WRIGHT EDELMAN DIRECTOR VALERIE HARPER DIRECTOR ROGER HUDSON	2.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-) F 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	contribu employe plans, an	utions to debenefit deferred 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0.
FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY TREASURER QIANA TORREGANO SECRETARY SCOTT LECKMAN, M.D, FACS DIRECTOR ERNEST LEOVINSOHN DIRECTOR MARIAN WRIGHT EDELMAN DIRECTOR VALERIE HARPER DIRECTOR ROGER HUDSON DIRECTOR	2.00 1.00 1.00 1.00 1.00 1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-) 0 • 0 • 0 • 0 • 0 • 0 • 0 •	contribu employe plans, an	Utions to the benefit d deferred insation 0 . 0 . 0 . 0 . 0 . 0 . 0 .	amount of other compensation 0. 0. 0. 0. 0. 0. 0.
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FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY TREASURER QIANA TORREGANO SECRETARY SCOTT LECKMAN, M.D, FACS DIRECTOR ERNEST LEOVINSOHN DIRECTOR MARIAN WRIGHT EDELMAN DIRECTOR VALERIE HARPER DIRECTOR ROGER HUDSON DIRECTOR	2.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-) F 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	contribu employe plans, an	utions to debenefit deferred 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0.
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FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY TREASURER QIANA TORREGANO SECRETARY SCOTT LECKMAN, M.D, FACS DIRECTOR ERNEST LEOVINSOHN DIRECTOR MARIAN WRIGHT EDELMAN DIRECTOR VALERIE HARPER DIRECTOR VALERIE HARPER DIRECTOR ROGER HUDSON DIRECTOR PROF. MUHAMMAD YUNUS DIRECTOR	2.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-) F 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	contribu employe plans, an	utions to utions to we benefit d deferred 0	amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
FOUNDER/DIRECTOR KUL GAUTAM CHAIRMAN JAN TWOMBLY TREASURER QIANA TORREGANO SECRETARY SCOTT LECKMAN, M.D, FACS DIRECTOR ERNEST LEOVINSOHN DIRECTOR MARIAN WRIGHT EDELMAN DIRECTOR VALERIE HARPER DIRECTOR VALERIE HARPER DIRECTOR ROGER HUDSON DIRECTOR PROF. MUHAMMAD YUNUS DIRECTOR PANKAJ AGARWAL	2.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00	W-2/1099-MISC) (if not paid, enter -0-) F 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	contribu employe plans, an	utions to utions to ubenefit d deferred 0.	amount of other compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V IX) 3 Vict in organization engage in any splittant activity not previously reported to the HSP IT Yes, 'provide a detailed description of each activity in Schedule 0 33 X 4 We can sylapitant darges may splittant activity not previously reported to the HSP IT Yes, 'tacha' a conterned corp of the amended documents if hey reflict a change to the organization reporting documents? If Yes, 'tacha' a contended Q sen structures) 34 X 5 Diff the organization engage in any splittant activity on previously reported to the HSP IT Yes, 'tacha' a contended Q sen structures) 36 X 5 Diff the organization activity on previously reported a explanation in Schedule 0 55 X 6 If Yes's line 65 has the organization in the argum of Xis (previously reported a repland the previously reported a repland the previously reported activity at year? If Yes,' complete applicable particity at year? 56 X 9 If Yes's line 65 has the organization or activity at year? If Yes,' complete applicable particity at year? If Yes,' complete applicable, esplitts, reported activity at year? If Yes,' complete activity at year? If Yes,' complete applicable particity at year? If Yes,' complete activity at year? 38 X 9 If the organization for If The X variable or order and year on the xyear? 371 X 38 If the organizati	Form	990-EZ (2018) RESULTS, INC. 52–1411	039		Page 3
Not Vest No 33 Did the organization emgage in any significant activity not previously reported to the RES7 If Yes, "previde a detailed description of each decimate of the organization is cannot be organization is mere. One evel are explained on the organization is mere of the regulation of a sinth decimates of the organization is mere of the regulation of SI 0000 mmc during the year from backines activities (such as those reported on the organization is mere of the year is the organization is of the organization is the organization if the organization is of the year is the year is the science solution in Societable 0. 38 38 X 34 X Societable 0. Societable 0. 38 X 35 D the organization is the organization iffed a form 980-1 for the year? If Yes," provide an explanation in Societable 0. 38 N/A 36 M X Societable 0. Societable 0. 38 N/A 37 It X registration associetable (signification disposition of act assist during the year? If Yes," complete societable 0. 38 N/A 38 D the organization field of arm 102-POL for the year? 38 N/A 38 X 39 It Yes, complete Societable 1. PT is advectable 0. 38 N/A 38 X 39 It Yes, complete Societable 1. PT is advectable 0. 38 N/A 38 38	Pa				
38 Did the organization engage in any significant tacking on thready in Schedula (description of each active) in Schedula (description of experiming future). The second of the organization is an engle of the organization is an engle of the organization in the organization is an engle of the organization in the organization intervent of the organization intervent org		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part		
activity in Schedule 0 33 X Were any split from thanges made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflet a change to the organization stame. Otherwise, explain the change on Schedule 0 (see instructions) 34 X State 10 the organization have underlated houses go assistance 053,000 or more during the year from business activities (such as those reported on the 2, 6a, and 7a, among others)? 55 N/A 9 If Yes's 1 bins do as have the organization. Schedule 0 (section 5023(e) notice, reporting, and provy tax requirements during the year? If Yes, complete Schedule 0, 2Part II 76 X 36 If the organization in Section 1003(e) notice, reporting, and provy tax requirements during the year? If Yes, complete Schedule 0, 2Part II 77 X 38 If the organization in Section 1003(e) notice, reporting, and provy tax requirements during the year? II Yes, complete Schedule 1, 2Part II 0 38 X 38 If the amount to provide any organization. Schedule 1 of the tax part activity is the year? 38 N/A 38 X 38 If the amount the organization is any officer, director, trustee, or key amplytee or were any sch loans made in a priv year and still outstanding at the end of the tax year accided by the reparted on any director for the accided on time 9 38 N/A 38 X 39 Control Stor(1,0) comparations. Include on time 9 38 N/A 38				Yes	No
34 Were any significant changes made to the equantion of governing documents? If "Yes," status ha conformed copy of the amended documents if ther refeat changes to the comparison rank. Otherwise, republic the change on Schedule 0 (see introverning) 34 X 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on time 2, 6i, and 72, more governing the year from business activities (such as those reported on time 2, 6i, and 72, more governing the year from business activities (such as those reporting, and proxy tax requirements that for (\$1,000 or granization abject to action 603(a) intoite, reporting, and proxy tax requirements the for science of \$2,000 or granization abject to action 603(a) intoite, reporting, and proxy tax requirements the for the complete adjustice pass of the document of the set complete adjustice pass of the document of policial pass of \$6,000 or more during the year from business activities (such as the organization adjustice pass of the document of policial pass of \$6,000 or more during the year (ret Yes, 'complete Schedule). Part II and enter the tax adverting during during the year (ret Yes, 'complete Schedule). 37 X X 38 X 36 Pars, complete Schedule , Part II and enter the tax anount involved 139 N/A 38 X 37 State of 300 (k(3), 501(k(4), and 501(k)(29) organizations. Dut the organization during the year refere the state of the instruction on any of a parset to many of the organization experiments of the governation. Dut the organization many of the advector to the Parset of the advector to the Parset of the advector to the Parset of the advector	33				
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule () (see instructions) 34 X 35 on bits 2, 6a, and 7a, arrange others)? 35b X 35b X b 11'Yes to the S2a, has the organization field a Form 390-T for the year? If Yao, provide an explanation in Schedule () (see instructions) 35c X/A 35c X 35c X 35c X/A 35c X 35c X 35c X/A 35c X 35c X/A 35c X/A 35c X 35c X 35c X 35c X 35c X 35c X 35c X 35c <t< td=""><td></td><td>,</td><td>33</td><td></td><td></td></t<>		,	33		
38-0 Diff the organization the unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 63, and 7a, among others)? 36. X 38 in Yes' To line 3a, has the organization line a Form 390-11 for the year? If No, "provide an explanation in Schedule 0 36. X 4 in Yes' To line 4yes, and the organization line 4 Form 390-11 for the year? If No, "provide an explanation in Schedule 0 36. X 38 of the organization action of U(x)(5, 0) (10)(5), or D10(x)(6) organization subject to section 6033(a) nuclex, monoting, and proxy tax requirements by "S 36. X 38 of the organization indegen all subscitution, termination, or significant disposition of ret assets during the year? If Yes," complete Schedule 1, Part I and entar the total amount involved 37. X 38 of the organization is chared and much the bary sear covered by this return? 38. X 39 in Yes, complete Schedule 1, Part I and entar the total amount involved 38. N/A 38 cotton 501(c)(7) organizations. Enter 38. N/A 39 in the organization during the year, or difficat disposition of the gam schedule 1, Part I 38. X 40 in the schedule 1, N/A isoction 501(c)(7) organizations. Enter 38. N/A 30 in the organization induced on line 9 induce in disposition formation adispositi for the schedule 1, Part I 3	34				37
on lines 2, 6a, and 7a, among others)? 36a X b If Yes's to lines 3b, nash the organization line of a remain of the transmittion subject to section 6033(e) notice, reporting, and provy tax requirements during the year? If Yes,' complete Schedule C, Part II 36b N/A complet applicable parts of Schedule N, both (C)(5), or 5015(c)(6) organization subject to section 6033(e) notice, reporting, and provy tax requirements during the year? If Yes,' complete Schedule C, Part III 36c X 37a Eiter amount of policie experituation, dissolution, end the remaindor, or significant disposition of ret assets during the year? If Yes,' complete Schedule L, Part III. 37a Complete Applicable parts of Schedule N, and any taxas to, any officer, director, truster, or key employee or vere any such baars made in a prior year and still oxistanding at the end of the taxy ser oxyeed by this return? 37b X 38 a bit Mor organization. Enter from 1120-POL for his year? 38b N/A 38a X 39 bit Mor organization. Enter amount drax imposed on line 9 37b M/A 38a X 39 bit Mor organization. Enter amount drax imposed on line argenization engage in any section 4930 by M/A 38a X 40 bit School 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Enter amount of tax imposed on on yo of tax office pargonizations. Enter amount of tax imposed on on any of ta splot Form 9300 ex D(c)(20) organizations. Enter amount of tax on line 40cc inthoursad by the organization managers or disqualified person			34		
b H*** to time 35s, has the organization field = form 990-1 for the year? If No; provide an explanation is Schedule 0. 365 N/A c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(c) notice, reporting, and providax 365 X 380 Did the organization and the organization subject to section 6033(c) notice, reporting, and providax 365 X 381 Did the organization if form 114ex, so complete Schedule C, Part II 371 C 370 X 382 Did the organization if form 120-DU to this year? 370 X 382 X 383 Did the organization schedule N 380 N/A 384 X 384 Did the organization schedule N 384 X 384 X 384 Did the organization schedule N 384 X 384 X 385 Dif X year or difference nucle N 384 X 384 X 386 N/A 386 N/A 384 X 384 X 386 N/A 386 N/A 384 X 384 X 386 N/A 386	35 a		05.0		v
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requirements during the year? II "Yes," complete Schedule (, Part III 36 36 X 36 Did the organization undergo a liquidation, dissolution, exispinificant disposition of net assets during the year? II "Yes," complete Schedule N 37 Cine amount of political expenditures, direct or indirect, as described in the instructions 37 A			300	11/	<u> </u>
36 Did the organization undergo a liquidation, desculution, termination, or significant disposition of net assets during the year? If Yes," complete approximations can be determined by the organization or make any bunsts to, any officer, director, fustee, or key employee or were any such loans made in a prior year and still outsanding at the ond of the tax year covered by this return? 37 38 X 38 Did the organization borrow from, or make any bunsts to, any officer, director, fustee, or key employee or were any such loans made in a prior year and still outsanding at the ord of the tax year covered by this return? 38 X 39 Both organization borrow from, or make any bunsts to, any officer, director, fustee, or key employee or were any such loans made in a prior year and still outsanding at the ord of the tax year covered by this return? 38 X 39 Both or organization control or nor make any bunsts to, any officer, director, fustee, or key employee or were any such loans made in a linitizon these and capital contributors included on line 9 38 N/A 39 Both organization and prior section 4012 / N/A ; section 4015(2) organizations. Enter amount of tax imposed on organization angage in any section 4935 excess benefit transcitor 4035 excess benefit transcitor on a prior year that has not beside reported on any of tay return is filed persons during the year under sections 4912, 4955, and 4958 0. 406 X 40 Section 501c((2)3), 501c((2)4), and 501c((2)2) organizations. Enter amount of tax inpace of a printhe dis any office relinbursed by the organizati	U		35c		x
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11 List the states with which a copy of this return is filed ▶ SEE SCHEDULE O 12a The organization's books are in care of ▶ THE ORGANIZATION		transaction? If "Yes," complete Form 8886-T	40e		Х
Located at ▶ 1101 15TH STREET NW, WASHINGTON, DC ZIP + 4 ▶ 20005 b 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)? Yes No If "Yes," enter the name of the foreign country: ▶ 42b X See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 42c X If "Yes," enter the name of the foreign country: ▶ 42c X 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X b Did the organization receive any payments for indoor tanning services during the year? 44c X 44d X c Did the organization freceive any payments for indoor tanning services during the year? 1%, "provide an explanation in Schedule 0 44d 45a Did the organization have a controlled entity within the meaning of section 512((b)(13)? 45a X 45a X		List the states with which a copy of this return is filed \blacktriangleright SEE SCHEDULE O			
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3 2018.06010 RESULTS, INC.

6 Did the	2018) RESULTS, I	NC.			10	52-1	411U.	39	F	Page 4
	ganization engage, directly or indir omplete Schedule C, Part I	ectly, in political campaign activit					00000000	16	′ es	No X
Part VI	Section 501(c)(3) Organ	izations Only								
	All section 501(c)(3) organizatio			집 이번 것은 것을 수 있는 것은 것으로 했다.						
(Check if the organization used	Schedule O to respond to an	ny question in this	Part VI						
				N 1					fes	No
	rganization engage in lobbying activ							47		
	anization a school as described in rganization make any transfers to a							48 9a		
	as the related organization a section							9b		
O Complete	this table for the organization's fiv	e highest compensated employe	es (other than officers	s. directors	, trustees, and key er	mplovees) who eac		eived	more
	0,000 of compensation from the or					• •				
	(a) Name and title of each	n employee	(b) Average h		(C) Reportable	(d) Health contribu	benefits,		Estim	
		NT / 7	per week devo position		compensation (Forms W-2/1099-MISC)	employe plans, and	e benefit deferred		unt of opensa	
		N/A	position			compe	nsation			-
			-							
			-							
	nber of other employees paid over									
	e this table for the organization's fiv						10000000000000000000000000000000000000	0.000		
			dent contractors who	each recei	ved more than \$100,	,000 of co	mpensati	on tro	om the	e
organizati	tion. If there is none, enter "None." Name and business address of eacl	N/A	dent contractors who		ved more than \$100, Type of service	,000 of co	(c) Cc			
organizat	tion. If there is none, enter "None."	N/A	dent contractors who			.000 of co				
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d Total nun 52 Did the or complete	tion. If there is none, enter "None." Name and business address of eacl mber of other independent contract organization complete Schedule A? ed Schedule A so f perjury, I declare that I have ex	N/A h independent contractor tors each receiving over \$100,00 Note: All section 501(c)(3) organ	0 nizations must attach	(b) a as and state	Type of service	est of my	(c) Co	omper	s [n N
d Total nun 52 Did the or complete	tion. If there is none, enter "None." Name and business address of eacl mber of other independent contract organization complete Schedule A?	N/A h independent contractor tors each receiving over \$100,00 Note: All section 501(c)(3) organ	0 nizations must attach	(b) a as and state	Type of service	est of my ge.	(c) Co	Ye	s [n N
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4 2018.06010 RESULTS, INC.

Schedule B

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

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

52-	14	11	039	

Filers of:	Section:
Form 990 or 990-EZ	\fbox 501(c)(4) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization

RESULTS, INC.

52-1411039

Part I	Contributors (see instructions). Use duplicate copies of Part I in	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
823452 11-08		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

6 2018.06010 RESULTS, INC.

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

Employer identification number

RESULTS, INC.

52-1411039

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

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

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2018.06010 RESULTS, INC.

Page 4

	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ny For organ	(7,7), (8), or (10) that total more than \$1,000 for izations ar . (Enter this info. once.) \blacktriangleright \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
 - 	Transferee's name, address, a	(e) Transfer of gif		onship of transferor to transferee
-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of gif		onship of transferor to transferee
-				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
-		(e) Transfer of gif		
-	Transferee's name, address, a	nd ZIP + 4	Relat	ionship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gif		
-	Transferee's name, address, a	nd ZIP + 4	Relat	onship of transferor to transferee

(Form 990 or 990-EZ) Complete to provide information for respons Form 990 or 990-EZ or to provide any a Attach to Form 990 or 990-EZ or to provide any a Attach to Form 990 or	dditional information. 990-EZ.	Open to Public Inspection
Name of the organization RESULTS, INC.		oyer identification number 2-1411039
FORM 990-EZ, PART I, LINE 4, OTHER INVESTM	ENT INCOME:	
DESCRIPTION OF PROPERTY:		AMOUNT :
INTEREST		854.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENS	ES:	
DESCRIPTION OF OTHER EXPENSES:		AMOUNT:
BANK AND MERCHANT CARD FEES		6,352.
DUES AND SUBSCRIPTIONS		875.
TRAVEL		244
INSURANCE		260
LICENSES AND FEES		2,600.
EQUIPMENT RENTAL AND MAINTENANCE		7
SPONSORSHIP		1,250
TOTAL TO FORM 990-EZ, LINE 16		11,588.
FORM 990-EZ, PART II, LINE 26, OTHER LIABI	LITIES:	
DESCRIPTION	BEG. OF YEAF	END OF YEAR
DUE TO REF, A RELATED ENTITY	242,938.	90,067
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	3,920.	1,320
DEFERRED REVENUE	3,435.	0.
GRANTS PAYABLE	3,726.	3,726
TOTAL TO FORM 990-EZ, LINE 26	254,019.	95,113.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURP	OSE - TO CREATE THE	POLITICAL
WILL TO END HUNGER AND THE WORST ASPECTS O	F POVERTY AND TO EM	IPOWER

INDIVIDUALS TO HAVE BREAKTHROUGHS IN EXERCISING THEIR PERSONAL AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 832211 10-10-18 9

2018.06010 RESULTS, INC.

Sahadula O	(Earm	000 0	000 EZ	(2010)	
Schedule O	(FOIII)	990 0	990-EZI	12010	1

Name of the organization

RESULTS, INC.

POLITICAL POWER.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

LEGISLATIVE ACTION TO END POVERTY - RESULTS, INC., PUSHES

FOR SPECIFIC POLICIES AND LEGISLATION TO ADDRESS POVERTY

IN THE UNITED STATES AND AROUND THE WORLD. THIS INCLUDES

WORKING DIRECTLY WITH CONGRESS AND OTHER U.S. POLICYMAKERS TO SHAPE AND

ADVANCE POLICIES, AS WELL AS SUPPORTING GRASSROOTS ADVOCATES TO LOBBY

THEIR ELECTED OFFICIALS ON HEALTH, EDUCATION, AND ECONOMIC OPPORTUNITY.

FORM 990-EZ, PART IV:

THE ORGANIZATION'S EXECUTIVE DIRECTOR AND ITS FOUNDER/DIRECTOR ARE PAID THROUGH A RELATED ORGANIZATION, RESULTS EDUCATION FUND, FOR THEIR TIME SPENT ON RESULTS, INC.

FORM 990-EZ PART V, LINE 41, LIST OF STATES RECEIVING COPY OF FORM 990-EZ: AL,AK,AR,CO,CT,DC,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OH,OK OR,PA,RI,SC,UT,VA,WA,WV,WI

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

832212 10-10-18

Schedule O (Form 990 or 990-EZ)				Page 2
Name of the organization RESULTS, INC.			mployer identific 52-14110	39
Part IV List of Officers, Directors, Trustees, and Key E	Employees. List each one	even if not compensate	d. (see the instructions f	or Part IV.)
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forn W-2/1099-MISC) (If not paid, enter -0	(d) Health benefits, contributions to employee benefit	
STEVEN MCGEE DIRECTOR	1.00	0	. 0.	0.
WILLIAM DICKERSON	1.00		• ••	<u> </u>
DIRECTOR	1.00	0	. 0.	0.
S. ASHISH BALI				
DIRECTOR JOANNE CARTER	1.00	0	. 0.	0.
EXECUTIVE DIRECTOR	6.00	0	. 0.	0.
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(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number		
Type or print	Name of exempt organization or other filer, see instructions.				mployer identification number (EIN) or			
	RESULTS, INC.	RESULTS, INC.				52-1411039		
File by the due date f filing your return. See	for Number, street, and room or suite no. If a P.O. box, see instructions.		Social se	Social security number (SSN)				
instruction		oreign add	ress, see instructions.					
Enter th	e Return Code for the return that this application is for (fi	le a separa	te application for each return)			01		
Applica	ation	Return	Application			Return		
ls For	s For Code Is For							
Form 990 or Form 990-EZ 01 Form 990-T (corpo		Form 990-T (corporation)	1 990-T (corporation)					
Form 99	90-BL	02	Form 1041-A			08		
Form 47	720 (individual)	03	Form 4720 (other than individual)		09			
Form 99	90-PF	04	Form 5227			10		
Form 99	rm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069							
Form 99	Form 990-T (trust other than above) 06 Form 8870			1				
• If this box > 1 In th >	request an automatic 6-month extension of time until ne organization named above. The extension is for the org	Group Exe and atta AUGU: ganization's	emption Number (GEN) I ch a list with the names and EINs o ST 15, 2020, to file s return for: d ending SEP 30, 2019	f this is fo f all memb e the exen	r the whole <u>g</u> pers the exten npt organizat	roup, check this		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.), or 6069,	enter the tentative tax, less	3a	\$	0.		
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter an	y refundable credits and					
e	stimated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.		
сB	alance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by					
u	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ons.	3c	\$	0.		
Caution instruct	 If you are going to make an electronic funds withdrawa ions. 	l (direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 887	9-EO for payment		
I HA	For Privacy Act and Paperwork Reduction Act Notice	. see instr	uctions.		Form 8	868 (Rev 1-2019)		

(Rev. January 2019)

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Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identify	ring number	
Type o print	Name of exempt organization or other filer, see instructions. Em				mployer identification number (EIN) or		
print	RESULTS, INC.				52-1411039		
File by th due date filing you	for Number, street, and room or suite no. If a P.O. box, see instructions.		Social se	Social security number (SSN)			
return. Se instructio		foreign add	Iress, see instructions.				
Enter t	he Return Code for the return that this application is for (f	ile a separa	te application for each return)			0 1	
Applic	ation	Return	Application			Return	
ls For	For Code Is For			Co			
Form 9	rm 990 or Form 990-EZ 01 Form 990-T (corporation)			(
Form 9	90-BL	02	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)		09		
Form 9	90-PF	04	Form 5227		10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 9	90-T (trust other than above)	06	Form 8870				
● If th <u>box</u> ▶ 1 I t	e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until he organization named above. The extension is for the organization named above. The extension is for the organization for the organization or or ▶ tax year beginning OCT 1, 2018	t Group Exe and atta AUGU ganization's	emption Number (GEN) I uch a list with the names and EINs o ST 15, 2020 , to file s return for:	f this is fo f all memb	r the whole ers the exte	group, check this	
2 li	f the tax year entered in line 1 is for less than 12 months, Change in accounting period	check reas	on: Initial return	Final retur	'n		
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	0, or 6069,	enter the tentative tax, less	20	¢	0.	
-	any nonrefundable credits. See instructions. f this application is for Forms 990-PF, 990-T, 4720, or 606	a optor op	v rofundable credite and	3a	\$	0.	
	estimated tax payments made. Include any prior year over			Зb	\$	0.	
-	Balance due. Subtract line 3b from line 3a. Include your p				Ψ		
	using EFTPS (Electronic Federal Tax Payment System). Se		, , , ,	3c	\$	0.	
	n: If you are going to make an electronic funds withdrawa				Ţ	_	
instruc						i o zo ioi payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see instr	uctions.		Form	8868 (Rev. 1-2019)	