Form **990-E**Z

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-1150

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	e 2014 calendar year, or tax year beginning and ending		
В	Check if	C Name of organization	D Employe	r identification number
T,	Ť	ess change INTERNATIONAL ASSESSMENT AND STRATEGY		
一	_	e change CENTER	20-3	L175831
┌	_		E Telephon	
F	Final	return/ 328 NORTH PITT STREET	202-	-669-1649
	_		F Group Ex	
	Applic	ation pending ALEXANDRIA, VA 22314	Number	•
G ,	Ассои	nting Method: Cash X Accrual Other (specify)	H Check	If the organization is
1 '	Websi	te: ► WWW.STRATEGYCENTER.NET	not requi	red to attach Schedule B
J	Tax-ex	empt status (check only one) — X 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527	(Form 99	0, 990-EZ, or 990-PF).
K	Form o	forganization: X Corporation Trust Association Other		
L	Add lin	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II	,	
		(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ 5	
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	ctions for Pa	art I)
		Check if the organization used Schedule O to respond to any question in this Part I		X
	1	Contributions, gifts, grants, and similar amounts received	1	144723.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less; cost or other basis and sales expenses 5b		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
ō	a	Gross income from gaming (attach Schedule G if greater than		
eur		\$15,000) 6a]	
Revenue	b	Gross income from fundraising events (not including \$ of contributions		
-		from fundraising events reported on line 1) (attach Schedule G if the sum of such		
		gross income and contributions exceeds \$15,000) 6b		
	C	Less; direct expenses from gaming and fundraising events		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less; cost of goods sold 7b		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule 0) See Schedule 0	8	4.
	9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	▶ 9	144727.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members Salaries, other compensation, and employee benefits	11	
ses	12	Salaries, other compensation, and employee benefits	12	64950.
ens	13	Professional fees and other payments to independent contractors	13	176494.
Expen	14	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	14	
ш	15	Printing, publications, postage, and snipping	15	
	16	Other expenses (describe in Schedule 0) See Schedule 0	16	23105.
	17	Total expenses Add lines 10 through 16	▶ 17	264549.
\$	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-119822.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
t As	1	(must agree with end-of-year figure reported on prior year's return)	19	123110.
Ne	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	3288.

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990-EZ** (2014)

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10111 330-12 (2014) CHN 131C			10 11/30	31
Part II Balance Sheets (see the instructions for Part II)				_
 Check if the organization used Schedule O to res 	pond to any questior	n in this Part II		X
		A) Beginning of year	(B) E	nd of year
22 Cash, savings, and investments	 	121687		1865.
	 	121007		
23 Land and buildings	. —		23	
24 Other assets (describe in Schedule O) See Schedule O) <u> </u>	3423	24	3423.
25 Total assets	1	125110	25	5288.
26 Total liabilities (describe in Schedule 0) See Schedule 0) [2000	26	2000.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<u> </u>	123110	27	3288.
Part III Statement of Program Service Accomplishmen	nts (see the instructi			
		•		xpenses for section
Check if the organization used Schedule O to res		in this Part III		and 501(c)(4)
What is the organization's primary exempt purpose? See Schedule O	<u> </u>			ons; optional for
Describe the organization's program service accomplishments for each of its three largest program	services, as measured by expense	s In a clear and concise	others.)	
manner, describe the services provided, the number of persons benefited, and other relevant inform	ation for each program title		1	
28 See Schedule O				
				
(Grants \$) If this amount includes foreign g	rants, check here	>	28a	
29				
			_	
			~	
			—	
(Grants \$) If this amount includes foreign g	rants, check here		29a	
30				
			_	
			_	
(Cronto ¢) If thus amount includes foreign a	rents shock here		30a	
(Grants \$) If this amount includes foreign g	rants, check here			
31 Other program services (describe in Schedule O)		í	1	
(Grants \$) If this amount includes foreign of	rants, check here		31a	
32 Total program service expenses (add lines 28a through 31a)			_▶ 32	0.
Part IV List of Officers, Directors, Trustees, and Key E	mployees (list each one e	ven if not compensated - s	e the instructions f	or Part IV)
	• -		ee the instructions f	for Part IV)
Part IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	ond to any question	in this Part IV		
Check if the organization used Schedule O to resp	oond to any question (b) Average hours	in this Part IV	d) Health benefits, contributions to	(e) Estimated
	oond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
Check if the organization used Schedule O to response (a) Name and title	oond to any question (b) Average hours	(c) Reportable compensation (Forms	d) Health benefits, contributions to	(e) Estimated
Check if the organization used Schedule O to resp	oond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to response (a) Name and title THOR RONAY	ond to any question (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estimated amount of other
Check if the organization used Schedule O to responsible to the California (a) Name and title THOR RONAY PRESIDENT/ CEO	oond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to responsible to the California (a) Name and title THOR RONAY PRESIDENT/ CEO ARTHUR WALDRON	(b) Average hours per week devoted to position 40.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit lans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to responsible to the California (a) Name and title THOR RONAY PRESIDENT/ CEO ARTHUR WALDRON VICE PRESIDENT	ond to any question (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Check if the organization used Schedule O to responsible to the control of the co	(b) Average hours per week devoted to position 40.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Health benefits, contributions to employee benefit lans, and deferred compensation	(e) Estimated amount of other compensation
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			Yes	No
4 a	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 operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		
5 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	· · · · · · · · · · · · · · · · · · ·		, I	

512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

INTERNATIONAL ASSESSMENT AND STRATEGY 20-1175831 Page 4 Form 990-EZ (2014) CENTER Yes No 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? X If "Yes," complete Schedule C, Part I Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI Yes Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization a section 527 organization? 49b 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (d) Health benefits, contributions to employee benefit plans, and deferred (b) Average hours (e) Estimated (a) Name and title of each employee (C) Reportable amount of other per week devoted to mpensation (Form W-2/1099-MISC) position compensation NONE f Total number of other employees paid over \$100,000 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the NONE organization. If there is none, enter "None." (b) Type of service (c) Compensation (a) Name and business address of each independent contractor d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note. All section 501(c)(3) organization completed Schedule A declare that have examined this return, including accom-Under panalties of periory, Declaration of preparer (other than officer) is based on al true, correct, and complete Sign THOR ROMAY Here PRESIDENT Preparer's signature Print/Type preparer's name Paid STEVEN W STREET Preparer Firm's name ▶ STREETS TAX AND ADMIN **Use Only**

432174

Firm's address ▶ 4001 VIRGINIA STREET

May the IRS discuss this return with the preparer shown above? See instructions

FAIRFAX, VA 22032

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990

2014

Open to Public Inspection

Employer identification number Name of the organization INTERNATIONAL ASSESSMENT AND STRATEGY 20-1175831 CENTER Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) Я A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) (see instructions)) Total

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

I	NTERNATIO	NAL ASSESS	SMENT AND	STRATEGY		
Schedule A (Form 990 or 990-EZ) 2014 C	ENTER				20-117	5831 Page 2
Part II Support Schedule for	Organizations	Described in	Sections 170(l	b)(1)(A)(iv) and	170(b)(1)(A)(v	/i)
. (Complete only if you checke	ed the box on line 5,	7, or 8 of Part I or	if the organization	failed to qualify u	inder Part III If the	e organization
fails to qualify under the test	s listed below, pleas	se complete Part II	1)			
Section A. Public Support			. .			
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not	1	ŀ				
include any "unusual grants ")	731355.	493332.	181677.	167500.	144723.	1718587
2 Tax revenues levied for the organ-						_
ization's benefit and either paid to	i l	į				
or expended on its behalf	i		ţ			
3 The value of services or facilities			-			-
furnished by a governmental unit to	İ	i				
the organization without charge	}					
4 Total. Add lines 1 through 3	731355.	493332.	181677.	167500.	144723.	1718587
5 The portion of total contributions		İ				
by each person (other than a		j				
governmental unit or publicly						
supported organization) included				1	İ	
on line 1 that exceeds 2% of the			İ			
amount shown on line 11,						
column (f)			-			
6 Public support. Subtract line 5 from line 4						1718587.
Section B. Total Support		- -				
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	731355.	(b) 2011 493332.	181677.	167500.	144723.	1718587.
8 Gross income from interest,						
dividends, payments received on			J			
securities loans, rents, royalties			Ì			
and income from similar sources	74.	180.	539.	246.	4.	1043.
9 Net income from unrelated business						•
activities, whether or not the						
business is regularly carried on						
10 Other income Do not include gain						
or loss from the sale of capital]					
assets (Explain in Part VI)						
11 Total support, Add lines 7 through 10						1719630.
12 Gross receipts from related activities.	etc (see instructio	ns)			12	
13 First five years. If the Form 990 is fo	r the organization's	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
organization, check this box and stop	here					▶□
Section C. Computation of Publ	ic Support Per	centage				•
14 Public support percentage for 2014 (line 6, column (f) div	rided by line 11, co	lumn (f))		14	99.94 %
15 Public support percentage from 2013	Schedule A, Part I	l, line 14			15	%

D	33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box		
	and stop here. The organization qualifies as a publicly supported organization	▶[
17a	10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization		
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b	10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or		
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the		
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶Ū	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ [] ▶ [

16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2014

 $\triangleright X$

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

j · · · ·	•								
(Complete only if you checked the	ne box on line 9	of Part I or if the o	rganization failed t	o qualify under Pa	irt II if the organiza	ation fails to			
qualify under the tests listed bel	ow, please comp	olete Part II)							
A. Public Support									
ear (or fiscal year beginning in)	(2) 2010	(b) 2011	(c) 2012	(4) 2013	(e) 2014	(f) Tota			

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and]			
	membership fees received (Do not	,	ĺ		}		
	include any "unusual grants ")			j		1	
2	Gross receipts from admissions,						
	merchandise sold or services per-			1			
	formed, or facilities furnished in	,	{	[[[
	any activity that is related to the organization's tax-exempt purpose			i			
2	Gross receipts from activities that		 	 -		 	
3	are not an unrelated trade or bus-					1	
	iness under section 513						
4						+	
4	Tax revenues levied for the organ-	,	1	•			i
	ization's benefit and either paid to	;		}	J	1	J
_	or expended on its behalf				 	 	
5	The value of services or facilities	,					
	furnished by a governmental unit to						1
	the organization without charge			-	ļ	 	
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				 	 	
) Amounts included on lines 2 and 3 received from other than disqualified persons that	,			1	1	
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				ļ		
	Add lines 7a and 7b					 	
	Public support (Subtract line 7c from line 6)		L	J	<u> </u>	<u> </u>	
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6			<u> </u>	ļ	 	
10:	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	İ			i	}	
	and income from similar sources						
ı	Unrelated business taxable income					1	
	(less section 511 taxes) from businesses			1	l	1	
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						-
	activities not included in line 10b,			ļ	1	ì	
	whether or not the business is regularly carried on			1		}	
12	Other income Do not include gain			<u> </u>			***************************************
	or loss from the sale of capital	,		,		1	
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first_second_thii	d. fourth or fifth t	ax vear as a section	on 501(c)(3) or	ganization
•	check this box and stop here	and organization	- mot, 0000m2, am	2, 1021111, 01111111	,	(-,(-, -,	•
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
_	Public support percentage for 2014 (I			column (fl)		15	%
	Public support percentage from 2013	• • •	•	(1)		16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2			.o .o, oolulliii (i))		18	
	a 33 1/3% support tests - 2014. If the			on line 14, and line	a 15 is more than		
13	• •	•					INTO 17 IS HOL
	more than 33 1/3%, check this box as	-	•				₽ ∟ '30⁄_ and
1	33 1/3% support tests - 2013. If the	-					·
^~	line 18 is not more than 33 1/3%, che		•	·			
<u>20</u>	Private foundation. If the organization	n aid not check a	Dox on line 14, 19	a, or 19b, check t	nis box and see in	structions	

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete one A. D. and E. If you chacked 11d of Part I. complete Sections A and D. and complete Part V.)

	Sections A, D, and E if you checked 11d of Part I, complete Sections A and B, and complete Fart V /				
Sec	ection A. All Supporting Organizations				
1	Are all of the organization's supported organizations listed by name in the organization's governing				
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by				

2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)

class or purpose, describe the designation. If historic and continuing relationship, explain

- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

_	Yes	No
1		
2		
3a		
3b_		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6	<u> </u>	
7		
<u> </u>		
8	<u> </u>	<u> </u>
9a		
9b	<u> </u>	
0-		
9c	-	_
10a	<u> </u>	
401	ļ	
10b 990 or 99	0-F7	2014
		-V 17

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Pa	rt IV Supporting Organizations (continued)		1	Ι
44	Light the organization assented a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		i	İ
a	below, the governing body of a supported organization?	110		
h	A family member of a person described in (a) above?	11a	<u> </u>	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	-	
	tion B. Type I Supporting Organizations	11c	<u> </u>	<u> </u>
	tion 5. Type 1 supporting organizations	_	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	110
r	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ļ	ŀ	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	1	i
2	Did the organization operate for the benefit of any supported organization other than the supported	- '- -	 	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ļ	1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	İ		
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations	<u> </u>		·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1	111
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1	1 :	
Sec	tion D. Type III Supporting Organizations		•	
-			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Instru	ctions):		
а	The organization satisfied the Activities Test Complete line 2 below	cuonsy.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions	;)	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ł		
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		[
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		$\vdash \dashv$	
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		
432029	5 09-17-14 Schedule A (V C21	2014

	INTERNATIONAL ASSESSMEN	T AN	D STRATEGY	20 1175021
Scho	edule A (Form 990 or 990-EZ) 2014 CENTER rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	a Ora	anizations	20-1175831 Page 6
L				
1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must co	-		istructions. All
	other Type in non-junctionally integrated supporting organizations must co	inbiere	Sections A through E	(B) Current Year
Sec	tion A - Adjusted Net Income		(A) Prior Year	(b) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recovenes of prior-year distributions	2		
3	Other gross income (see instructions)	3	<u></u>	
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	<u></u>		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7	•	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

instructions)

INTERNATIONAL ASSESSMENT AND STRATEGY

Sche	dule A (Form 990 or 990-EZ) 2014 CENTER		2	0-1175831 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	iòn D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6	-		
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI) See instructions	,		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		<u> </u>	
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
sect	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
b				
С	· · · · · · · · · · · · · · · · · · ·			_
ď				
е	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3	· · · · · · · · · · · · · · · · · · ·	<u></u>	
	and 4c			
8	Breakdown of line 7			
a		· · · · · · · · · · · · · · · · · · ·		
b				
	Excess from 2013			
	Evene from 2014			

Schedule A (Form 990 or 990-EZ) 2014

INTERNATIONAL ASSESSMENT AND STRATEGY

ched <u>ule A</u>	(Form 990 or 990-EZ) 2014 CENTER	20-1175831 _{Pag}
Part VI	(Form 990 or 990-EZ) 2014 CENTER Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line	17a or 17b, and Part III, line 12
•	Also complete this part for any additional information (See instructions)	
		
		-
		-
		
	•	
		hadula A /Form 200 as 200

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www. im. gov/form990

INTERNATIONAL ASSESSMENT AND STRATEGY Emplo

OMB No 1545-0047 Open to Public Inspection

CENTER

Employer identification number 20-1175831

Form 990-EZ, Part I, Line 8, Other Revenue:		
Description of Other Revenue:		Amount:
BANK INTEREST		4.
Form 990-EZ, Part I, Line 16, Other Expenses:		
Description of Other Expenses:		Amount:
OFFICE		3599.
DUES		190.
TRAVEL		13155.
PAYROLL TAXES		5411.
PAYROLL SERVICE		750.
Total to Form 990-EZ, line 16		23105.
		-
Form 990-EZ, Part II, Line 24, Other Assets:		
Description	Beg. of Year	End of Year
EQUIPMENT	3423.	3423.
		-
Form 990-EZ, Part II, Line 26, Other Liabilities	es:	
Description	Beg. of Year	End of Year
LOANS PAYABLE	2000.	2000.
Form 990-EZ, Part III, Primary Exempt Purpose	- POLITICAL SCIE	NCE
RESEARCH: POLITICAL SCIENCE RESEARCH AND PUBLIC	C EDUCATION AND	PRAINING
CONCERNING NATIONAL SECURITY. AREAS OF EMPHASI	S INCLUDE INTELL	IGENCE,
ILLICET FINANCIAL FLOWS, ASIS A EURASIS SECURI	TY BALABCES, AND	LONG
RANGE "NET ASSESSMENT" ACTIVITIES INCLUDE WEBS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ	····	D MEDIA m 990 or 990-EZ) (2014)
432211 08-27-14		

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.usc.gov/form990.

INTERNATIONAL ASSESSMENT AND STRATEGY Emplo

Inspection Employer identification number

20-1175831

CENTER	20-1175831			
APPEARANCES, ANALYTIC REPORTS, CONGRESSIONAL TESTIMONY, CO	ONGRESSIONAL			
BRIEFINGS, UNIVERSITY LECTURES, PUBLIC AFFAIRS SPEECHES, 1	LECTURES AND			
TRAINING FOR GOVERNMENT OFFICIALS, WARGAMING SCENARIO PLANNONG				
EXERCISES, (350) REPORTS MEETING AND BREIFS.				
Form 990-EZ, Part III, Line 28, Program Service Accomplish	hments:			
POLITICAL SCIENCE RESEARCH: POLITICAL SCIENCE RESEARCH AND	D			
PUBLIC EDUCATION AND TRAINING CONCERNING NATIONAL				
SECURITY. AREAS OF EMPHASIS INCLUDE INTELLIGENCE, ILLICET				
FINANCIAL FLOWS, ASIS A EURASIS SECURITY BALABCES, AND LO	NG RANGE "NET			
ASSESSMENT" ACTIVITIES INCLUDE WEBSITE, ARTICALS AND MEDIA	A APPEARANCES,			
ANALYTIC REPORTS, CONGRESSIONAL TESTIMONY, CONGRESSIONAL I	BRIEFINGS,			
UNIVERSITY LECTURES, PUBLIC AFFAIRS SPEECHES, LECTURES AND	TRAINING FOR			
GOVERNMENT OFFICIALS, WARGAMING SCENARIO PLANNONG EXERCISES, (350)				
REPORTS MEETING AND BREIFS.				
Form 990-EZ, Part V, Information Regarding Personal Benef:	it Contracts:			
The organization did not, during the year, receive any fu	nds, directly,			
or indirectly, to pay premiums on a personal benefit cont	ract.			
The organization, did not, during the year, pay any premi	ums, directly,			
or indirectly, on a personal benefit contract.				