### Form **990**

Department of the Treasury Interne 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.

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

2014
Open to Public Inspection

	AF	or the	e 2014 calendar year, or tax year beginning $$ JAN $$ $$ $$ JAN $$ $$ $$ $$ $$ 20 $$ 15 $$ $$ and ending	OCT 31, 2015	
	E C	heck if	C Name of organization	D Employer identif	ication number
	$\Gamma$	Addre	GEORGE C. MARSHALL INSTITUTE		
		Name		22-2	2569466
		]initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	er
	X	Final return	, 1601 NORTH KENT STREET 802	571-	<del>-970-3180</del>
		termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	905,793.
	<u>_</u>	Amen return Applic	ARDINGION, VA 22209	H(a) Is this a group i	
	L	tion	F Name and address of principal officer: WIDDIAM O REEFE	for subordinate	$\cdots = =$
			empt status:     X   SAME   AS   C   ABOVE	H(b) Are all subordinates	
			empt status: X 501(c)(3) 501(c) ( )		a list. (see instructions)
				H(c) Group exemption: 1985	M State of legal domicile: NH
!		rt I	Summary	car or formation, 2303	IVI State of legal dofficile, 1411
		1	Briefly describe the organization's mission or most significant activities: RESEARCH	& EDUCATION	ON
	힐		SCIENTIFIC DEVELOPMENTS AFFECTING SECURITY OF		
	Governance	2	Check this box	ore than 25% of its net as	sets
	Š	3	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	
	9	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u>.</u> 4	
	es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		
	Activities	6	Total number of volunteers (estimate if necessary)	<u>6</u>	
	ुष		Total unrelated business revenue from Part VIII, column (C) line 12		
	$\dashv$	b	Net unrelated business taxable income from Form/990-T line 34.		· · · · · · · · · · · · · · · · · · ·
		8	Contributions and grants (Part VIII, line 1h)	Prior Year 303,630.	278,150.
	ã.		Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)	1,024.	<del></del>
2016	Revenue		investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,438.	
20	8		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9e, 10c, and 11e)	12,000.	
ιO			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)	319,092.	
8			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	670,461.
JAN		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
$\vec{}$	တ္ထ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	270,651.	157,984.
$\Box$	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
뿔	Š		Total fundraising expenses (Part IX, column (D), line 25)	010 003	0.55
Z	"]		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	218,803.	
CANNED			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	489,454. <170,362.>	
S	δĕ	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	
	sets o	20	Total assets (Part X, line 16)	820,494.	End of Year 0.
		21	Total liabilities (Part X, line 26)	27,609.	
	到		Net assets or fund balances. Subtract line 21 from line 20	792,885.	0.
	Pa	rt II	Signature Block		
			alties of perjury, I declare that I have examined this return, including accompanying schedules and stat		y knowledge and belief, it is
	true,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	
			- Maye		
	Sign		Signature of officer		
	Here	•	WILLIAM O'KEEFE, CHIEF EXECUTI Type or print name and title		
		-			
	Paid		Print/Type preparer's name  GEOFFREY SECKER  Preparer's signa		
	Prep		Firm's name SECKER & ASSOCIATES //P.C		
	Use (		Firm's address 51 MONROE PLACE, SUITE 1		
		•	ROCKVILLE, MD 20850		

Form 990 (2014)

# Form 990 (2014) GEORGE C. MARSHALL INSTITUTE Partily Checklist of Required Schedules

1 Is the organization described in section S01(e)(3) or 4941/e(1) (other than a private foundation)?  1 If "hes," complete Schedule of Complete Schedule of Contributors?  2 Is the organization engage in detect or indered spicial campagn activities on behalf of or in opposition to candidates for public office? If "hes," complete Schedule C, Part I  3 Section S01(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(e) election in effect during the tax year? If "hes," complete Schedule C, Part II  4 Is the organization as section 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Flovinus Procedure 96.197 if "hes," complete Schedule C, Part III  5 Is the organization as section 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Flovinus Procedure 96.197 if "hes," complete Schedule C, Part III  6 Is the organization as section 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Flovinus Procedure 96.197 if "hes," complete Schedule C, Part III  7 It did not organization receive or hold a conservation easiers, in the control of a conservation by the servinum process of the ser				Yes	No
2 is the organization required to complete Schedule <i>B</i> , Schedule of Contributors?  Did the organization analyse in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? // "Yes," complete Schedule <i>C</i> , Part //  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? // "Yes," complete Schedule <i>C</i> , Part // 1  Is the organization assection 501(c)(4). 501(c)(5), or 501(c)(6) organization that receives membership duse, assessments, or similar amounts as defined in Revenue Procedule 98-19? // "Yes," complete Schedule <i>C</i> , Part // 1  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule <i>D</i> , Part // 1  Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? // "Yes," complete Schedule <i>D</i> , Part // 1  Did the organization report an amount in Part X, line 21, for escrew 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 neglotation services? // "Yes," complete Schedule <i>D</i> , Part // 1  Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-andicomments? // "Yes," complete Schedule <i>D</i> , Part X  / 1  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? "Yes," complete Schedule <i>D</i> , Part X  / 1  Did the organization report an amount for investments or other securities in Part X, line 10? "Yes," complete Schedule <i>D</i> , Part X  / 1  Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of fas total assests rep	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization angage 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    Section 601(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    5 bit the organization a section 501(c)(4),501(c)(6), 501(c)(6), 501(c)(6		If "Yes," complete Schedule A	1		ļ
public officor // **ryes, *complete Schedule C, Part // Section 501(6)3 organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect during the tax year? // *Yes, *complete Schedule C, Part // Is the organization a section 501(6)4, 501(c)5, or 501(c)6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 99.179 // **es, *complete Schedule C, Part // Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on this destination or investment of amounts in such funds or accounts? // **ryes, *complete Schedule D, Part // Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? // **ryes, *complete Schedule D, Part // 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 registration services? // **ryes, *complete Schedule D, Part // Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // **ryes, *complete Schedule D, Part V // Did the organization report an amount for the land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? // **ryes, *complete Schedule D, Part X // Did the organization report an amount for the sax sests in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? // **ryes, *complete Schedule D, Part X // Did the organization report an amount for the saxests in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? // **ryes, *complete Schedule D, Part X // Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_X	
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 is the organization assertion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98-19? If "Yes," complete Schedule C, Part III is the organization maintain any donor advised funds or available for accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or whole organization expense, the environment, instinct land areas, or historic structures? If "Yes," complete Schedule D, Part III is 10. Did the organization areas or historic endit organization that is 10. Did the organization directly or through a related organization, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V if the organization saves to any of the following questions is "Yes," then complete Schedule D, Part V if the organization saves to any of the following questions is "Yes," then complete Schedule D, Part V if the organization saves an amount for investments - organization assets reported in Part X, line 15? If "Yes," complete Schedule D, Part V iii b Did the organization report an amount for investments - organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V iii b Did the organization report an amount for other assets 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 X iii b Did the organization shall be a special part of other assets	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
dump the tax year" if "Yas," complete Schedule C, Part II  Is the organization a section 50 (16), 60 (16), or 50 (		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization a section 50 (c)(4), 501 (c)(6) or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revinue Procedure 84.19 if "Yes," complete Schedule C, Part II 5  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in the distribution or investment or provide advice on the distribution or hold a sesses or the summary of the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7  7 Did the organization amount in Part X, line 21, for secret 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 negotation services? If "Yes," complete Schedule D, Part V II the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V II if the organization report an amount for find, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II Did the organization report an amount for investments - other securities in Part X, line 13? If hat is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II II Did the organization report an amount for other labilities 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 X II II Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X II Did the organ	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
similar amounts as defined in Revenue Procedure 88.19" if "Yes," complete Schedule C, Part III.  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 III.  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 III.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? if "Yes," complete Schedule D, Part III.  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, dobt management, credit repair, or debt negotiation services? if "Yes," complete Schedule D, Part IV.  Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI.  Did the organization report an amount for land, buildings, and equipment 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 VIII.  Did the organization report an amount for mestments - order 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 VIII.  Did the organization report an amount for mestments - order securities 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.  Did the organization orbotan separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III.  Did the organization orbotan separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III.  Did the organization report an expanse or more than		during the tax year? If "Yes," complete Schedule C, Part II	4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part if 1.  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 if 1.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part If 1.  9 Did the organization did in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part If 1.  10 Did the organization, directly or through a related organization, hold assets in temporarily restincted endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI 1.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 1.  11 Did the organization report an amount for investments other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 1.  11 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part VI 1.  12 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part XI 1.  13 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part XI 1.  14 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part XI 1.  15 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part XI 1.  16 Did the organization report an amount for other liabilities in Part X, line 15? In a last X year In that Alfresses the organization separate or consolidated finan	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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 Bid the organization maintain collections of works of art, historical treasures, or other similar asserts? If "Yes," complete Schedule D, Part II Bid the organization report an amount in Part X, line 21, for secrow 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 V II If 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 II If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - other securities 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 Did the organization report an amount for investments - organization 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 X III Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 25? If "Yes," complete Schedule D, Part X III Line 25 that is a line 25 t		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes," complete Schedule D, Part III 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? # "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? # "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VI, VIII, VII, VII, VII, VII, VII,	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes," complete Schedule D, Part III 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? # "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? # "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VI, VIII, VII, VII, VII, VII, VII,		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
Schedule D, Part III  1 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, dobt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV  1 Did the organization service or you guestions is "Yes," temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  1 If the organization server to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, 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  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 VIII  Did the organization report an amount for investments other securities 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  Did the organization report an amount for other isabilities 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 XIII  Did the organization report an amount for other isabilities 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 XIIII  Did the organization is exparate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI AII  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI and XIII  Was the organization maintain an office, employees, or agents outside of the United States?  Did the organ	8				
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part V   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   11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V   12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V   11 In 16 Pir "Yes," complete Schedule D, Part V   11 In 16 Pir "Yes," complete Schedule D, Part V   11 In 16 Pir "Yes," complete Schedule D, Part V   11 In 16 Pir "Yes," complete Schedule D, Part V   11 In 16 Pir "Yes," complete Schedule D, Part V   11 In 16 Pir "Yes," complete Schedule D, Part V   11 In 16 Pir "Yes," complete Schedule D, Part V   11 In 16 Pir "Yes," complete Schedule D, Part X   11 In 16 Pir "Yes," complete Schedule D, Part X   11 In 16 Pir "Yes," complete Schedule D, Part X   11 In 16 Pir "Yes," complete Schedule D, Part X   11 In 16 Pir "Yes," complete Schedule D, Part X   11 In 16 Pir "Yes," complete Schedule D, Part X   11 In 16 Pir "Yes," complete Schedule D, Part X   11 In 16 Pir "Yes," complete Schedule D, Part X   11 In 16 Pir "Yes," complete Schedule D, Part X   11 In 16 Pir "Yes," complete Schedule D, Part X   11 In 16 Pir "Yes," complete Schedule D, Part X   11 In 17		· •	8_		X
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  11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as a spicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  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 VIII  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  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 XIII  11c 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 114  2a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 114  2b Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII IX  12a Did the organization included in section 170(b)(1)(A)(B)(F) If "Yes," complete Schedule E IX  12b Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garness or other assistance to or for fore	9				
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		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? // "Yes," complete Schedule D, Part V  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.  2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VII  2 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? // "Yes," complete Schedule D, Part VII  2 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? // "Yes," complete Schedule D, Part VIII  2 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? // "Yes," complete Schedule D, Part X III.  2 Did the organization report an amount for other lassets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X III.  3 Did the organization report an amount for other lassets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X III.  4 Did the organization separate, independent audited financial statements for the tax year include D, Part X III.  5 Did the organization obtain separate, independent audited financial statements for the tax year? // "Yes," complete Schedule D, Part X III.  5 Did the organization assets of the Inited States, or aggregate foreign investments valued at \$100,000 or more? // "Yes," complete Schedule F, Parts II and IV.  5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? // "Yes," com		If "Yes." complete Schedule D. Part IV	9		X
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14 Did the organization maintain an office, employees, or agents outside of the United States?  15 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  16 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 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  17 Did the organization report at otal 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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II  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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 Did the organization attach a copy of its audited financial statements to this return?	U		124		X
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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					X
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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	10		40		X
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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	17		,,		x
1c and 8a? If "Yes," complete Schedule G, Part II	40				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"  complete Schedule G, Part III  20a Did the organization operate one or more hospital facilities? # "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20b	18		ا 🛴 ا		x
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  20a  20a	19		ا مہ ا		v
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	~~				X
					X
	D	ii res to line Zua, did trie organization attach a copy of its audited financial statements to this return?		900	204 4

Form 990 (2014) GEORGE C. MARSHALL INSTITUTE
Part IV | Checklist of Required Schedules (continued)

			Yes	No
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	X	
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		X
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? # "Yes."			
	complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<b>├</b> ─	$\neg \neg$	
٠.	If "Yes," complete Schedule N, Part I	31	x	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>اٽ</del> ا		
OZ.	·	32		x
33	Schedule N, Part II		$\dashv$	
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	<b> </b>	$\neg$	<del></del> -
<b>.</b>	0.4444	34		x
250	Part V, line 1	35a	_	$\frac{1}{x}$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
D		256	1	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<del>-  </del>	
36	William Brown and the Orbitation D. Control from O	20		X
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		-41
38	- '	38	x	
	Note. All Form 990 filers are required to complete Schedule O		990 /	2014

	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   9			- 110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
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		
	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		X
b	If "Yes," enter the name of the foreign country: ▶			İ
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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 chantable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<del></del>
7	Organizations that may receive deductible contributions under section 170(c).	igsquare		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
_	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			w
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			.
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			.
а	Gross income from members or shareholders			.
b	Gross income from other sources (Do not net amounts due or paid to other sources against			.
	amounts due or received from them.)			
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	: 1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	l		
	Enter the amount of reserves on hand			<del>_</del>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	990	(2014)
		LOLUI	23U	(20 I4)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 No Yes 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. b Enter the number of voting members included in line 1a, above, who are independent 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? X Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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? X . . . . . . b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X **b** Each committee with authority to act on behalf of the governing body? ... ... . X 8b 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 X 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? X 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in 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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? .... X 14 14 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? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in 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? X 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NH, VA, PA, WI, MI, NY Section 6104 requires an organization to make its Forms 1023 (or 1024 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. X Upon request Own website Another's website Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: MARK HERLONG - 571-970-3180 1601 N. KENT STREET, ARLINGTON, 22209

n 990 (2014)	GEORGE C.	MARSHALL	INSTITUTE	22-2569466
11 330 (2017)	CHOIGH CI		11.0111012	<u> </u>

## Partivill 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization ne	or any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	<del>,</del>
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and Title	Average	(do			ition more	) than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	amount of
	week				1 6010	1/665		from	from related	other
	(list any hours for	Irect				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9	ag:			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	individual trustee or director	Institutional trustee		yee	шрег		(11 2 1000 111100)		and related
	below	dual	ution	5	瞳	est co oyee	듈			organizations
	line)	횰	ııstı	Officer	Key	Highest compensated employee	Former			
(1) WILL HAPPER	1.00								_	_
CHAIRMAN		X	_	X			_	0.	0.	0.
(2) GREGORY CANAVAN	1.00							_	_	
DIRECTOR		X						0.	0.	0.
(3) WILLIAM O'KEEFE	9.00			l						_
CEO		Х	_	X	<u> </u>			16,000.	0.	0.
(4) JOHN MOORE	1.00									
DIRECTOR	1 00	X		X		_		0.	0.	0.
(5) RODNEY NICHOLS	1.00								0	•
DIRECTOR	1 00	X	_					0.	0.	0.
(6) MITCH NIKOLICH	1.00	1,		ŀ					0	•
DIRECTOR	1 00	X	-	<del> </del>	-			0.	0.	0.
(7) MARK MILLS DIRECTOR	1.00	x						0.	0.	0.
(8) ROY SPENCER	1.00	^	$\vdash$	$\vdash$	$\vdash$		_	0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(9) JOHN SHELDON	40.00	-	$\vdash$	$\vdash$	$\vdash$	$\vdash$			•	
SECRETARY	1000	x		$\mathbf{x}$				51,000.	0.	0.
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Page 7

22-2569466

Form 990 (2014)

Par	VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	1 Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	(do box offi		Pos heck i ss per	C) ition more rson :	) than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related		ar	(F) stimate nount other	of
		(list any hours for related organizations below		Institutional trustee		пріоуее	Highest compensated employee	GL	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	<b>)</b>	fr org an	pensa rom th anizat d relat anizatı	e ion ed
		line)	Individual	Instit	Officer	Key er	Hghe en pic	For						
														_
						_						_		
	·		_	_		_								
					_		<u> </u>							
			ł											
1b	Sub-total				•			<u> </u>	67,000.		0.			0 .
	Total from continuation sheets to Part VI							▶	0.		0.			0 .
<u>d</u>	Total (add lines 1b and 1c)								67,000.		0.			0 .
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	) wh	o re	eceived more than \$100,	000 of reportable				•
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e. ke	v en	olan	vee.	or I	highest compensated er	nplovee on	ſ			
•	line 1a? If "Yes," complete Schedule J for si											3_		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a								ed organization or individ	dual for services				77
	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e <i>J f</i>	or.sı	ıch ı	oe <i>r</i> s	on .					5		X
1	Complete this table for your five highest con	mnensated ind	lene	nde	nt co	ontra	acto	rs th	nat received more than \$	100 000 of compe		tion fro	om	
•	the organization. Report compensation for the										11001		<b>,,,,</b>	
	(A) Name and business			ONI					(B) Description of s		С	Ompe	C) nsatio	n
					·-									
													_	
2	Total number of independent contractors (ii \$100,000 of compensation from the organization)	_	ot lır	nited	d to	thos (		ted	above) who received mo	ore than				

Form 990 (2014) GEORGE C. MARSHALL INSTITUTE
Part VIII Statement of Revenue 22-2569466 Page 9

		Check if Schedule O contains	a response o	or note to any line	in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
22 24	1 a	Federated campaigns	1a					- <u> </u>
Ea	b		1b					
열		_	1c					
₽₽	d	Related organizations	1d					
꼇쀪	e	Government grants (contributions	* —					
E S	f	All other contributions, gifts, grants, a	′ <del>                                    </del>					
音	•	similar amounts not included above		278,150.				
質	a	Noncash contributions included in lines 1a-1f				i		
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			278,150.			
				Business Code				
g	2 a					_		
۾ چ	ь							
ᇮ큺	C							
eXe all	d							
Program Service Revenue	е							
ል	f	All other program service revenue						
	д	Total. Add lines 2a-2f		<b>.</b>				
	3	Investment income (including divident	dends, intere	st, and				
				▶	11,358.			11,358.
•	4	Income from investment of tax-ex-	empt bond p	roceeds 🕨				<u> </u>
	5	Royalties						
		_	(i) Real	(ii) Personal				İ
	6 a	Gross rents	8,000.					
	þ	Less: rental expenses	0.					
	С	Rental income or (loss)	8,000.	L .	0.000	-		
		Net rental income or (loss)			8,000.			8,000.
	7 a	Gross amount from sales of [	Securities	(ii) Other				
			8,285.					
	b	Less: cost or other basis	6 042					
		· · · · · · · · · · · · · · · · · · ·	6,043. 2,242.					
					12,242.			12,242.
ŀ		Net gain or (loss)		<del></del>	12,242.			12,242.
9	ва	Gross income from fundraising ev	-					
틸		including \$ contributions reported on line 1c).		]				
Other Reven								
Ē	h	Less: direct expenses	a b					
8		Net income or (loss) from fundrais			_			
		Gross income from gaming activit	-					
		Part IV, line 19						
	b		b					
		Net income or (loss) from gaming						
		Gross sales of inventory, less retu						
ŀ		and allowances						
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales of	inventory					
		Miscellaneous Revenue		Business Code				
	11 a							
	þ		<del></del>					
	C			ļ				
			• • ,					
	е	Total. Add lines 11a-11d		▶				
	12	Total revenue. See instructions.		<b>▶</b>	309,750.	0.	0.	31,600.

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 (A)
Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Program service expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 670,461. 670,461. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members .... Compensation of current officers, directors, trustees, and key employees .. .. 67,000. 54,133. 12,867. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 63,011. 9,272. 72,283. Other salanes and wages 7 Pension plan accruals and contributions (include 945 945 section 401(k) and 403(b) employer contributions) 17,756. 15,427. 2,329. Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): Management . .. . ...... .. .. Legal 26,000. 19,953. 6,047. Accounting ... . ....... Lobbying Professional fundraising services. See Part IV, line 17 Other. (If line 11g amount exceeds 10% of line 25, 143,267. 102,220. 41,047. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 3,260. 749. 2,511. 13 Information technology ...... 14 15 Royalties 39,704. 31,172. 8,532. Occupancy .. . . 16 1,112. 776. 336. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 6,087. 6,050. 37. Conferences, conventions, and meetings 19 19. 16. 20 Payments to affiliates ...... 21 6,353. 6,353. 22 Depreciation, depletion, and amortization 23 Insurance 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.) 10,598. LIQUIDATION EXPENSES 10,598. 6,552. 935. DUES AND SUBSCRIPTIONS 5,617. PRINTING 5,548. 3,590. 1,958. TELEPHONE AND WEB SERVI 3,576. 3,381. 195. 5,788. 3,040. 2,748. All other expenses 1,086,309. 979,156. 107,153. Total functional expenses. Add lines 1 through 24e 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

ıf 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 X (A) (B) Beginning of year End of year Cash - non-interest-bearing 122,911. 0. 1 Ō. 2 2 Savings and temporary cash investments 30,000. 0. Pledges and grants receivable, net 3 3 Accounts receivable, net ..... 0. 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 0. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 0. employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 0. 7 0. Inventories for sale or use ......... 8 8,703. 0. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis Complete Part VI of Schedule D 10a 29,327. 0. b Less: accumulated depreciation 10b 624,831. 0. 11 11 Investments - publicly traded securities 0. 12 Investments - other securities. See Part IV, line 11 12 0. 13 Investments - program-related. See Part IV, line 11 13 14 0. 14 4,722. 0. 15 15 820,494. 0. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,923. Accounts payable and accrued expenses .... ....... 17 17 18 Grants payable ..... 18 Deferred revenue ....... 19 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 6,708. 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 16,978. 25 Schedule D 27,609. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 734,424. 0. Unrestricted net assets ... ... 27 58,461. 28 Temporanly restricted net assets . . . . . 28 0. 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . 31 31

Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances

Form 990 (2014)

32

33

34

792,885.

820,494.

32

33

	990 (2014) GEORGE C. MARSHALL INSTITUTE	22-	<u>-2569</u>	<u>466</u>	Pa	ge 12	
Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	_1_				<u>50.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,08	6,3	09.	
3	Revenue less expenses. Subtract line 2 from line 1	3	<	776	<u>, 5</u> 5	9.>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		79	2,8	85.	
5	Net unrealized gains (losses) on investments	5		<16	, 32	6.>	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior penod adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10				0.	
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>			
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	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					l	
b	Were the organization's financial statements audited by an independent accountant?			<b>2</b> b	X		
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis					1 1	
С	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	X	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Auc	drt d		_		
	Act and OMB Circular A-133?			За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lrt				
<u> </u>	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b			
				Form	990	(2014)	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

### Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Employer identification number** GEORGE C. MARSHALL INSTITUTE 22-2569466 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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). 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.) 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. 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, its 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. Enter the number of supported organizations .......... Provide the following information about the supported organization(s). (iv) Is the organization (v) Amount of monetary (i) Name of supported (iii) Type of organization (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) Yes No (see instructions))

Schedule A (Form 990 or 990-EZ) 2014 GEORGE C. MARSHALL INSTITUTE 22-2569

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support									
Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014	(f) Total								
1 Gifts, grants, contributions, and									
membership fees received. (Do not									
include any "unusual grants.") 473,330. 1379421. 496,182. 304,630. 278,150	2931713.								
2 Tax revenues levied for the organ-									
ızation's benefit and either paid to									
or expended on its behalf									
3 The value of services or facilities									
furnished by a governmental unit to									
the organization without charge									
4 Total. Add lines 1 through 3 473,330. 1379421. 496,182. 304,630. 278,150	2931713.								
5 The portion of total contributions									
by each person (other than a									
governmental unit or publicly									
supported organization) included									
on line 1 that exceeds 2% of the									
amount shown on line 11,									
column (f)	1448604.								
6 Public support. Subtract line 5 from line 4	1483109.								
Section B. Total Support	1								
Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014	(f) Total								
7 Amounts from line 4 473,330. 1379421. 496,182. 304,630. 278,150									
8 Gross income from interest,									
dividends, payments received on									
securities loans, rents, royalties									
and income from similar sources 66,098. 27,000. 13,626. 15,184. 23,600	145,508.								
9 Net income from unrelated business	113,300.								
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.)	3077221.								
11 Total support. Add lines 7 through 10	1,525.								
12 Gross receipts from related activities, etc. (see instructions)	1,323.								
13 First five years. If the Form 990 is for 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 Public Support Percentage									
	48.20 %								
	45 45								
	·								
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 b	ox and ►X								
stop here. The organization qualifies as a publicly supported organization									
b 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 to	nis box								
and stop here. The organization qualifies as a publicly supported organization	<b>P</b>								
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%									
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization and arranged to the "facts and arranged to the stop here."	anization								
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<b>-</b>								
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									
	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	. —								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instruction	▶□								

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ciow, picace comp	71010 T GIT 11.7	···		<del>-</del>	
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-	]					
formed, or facilities furnished in	1					
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that	• •					
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-					<del>                                     </del>	<del></del>
ization's benefit and either paid to						
or expended on its behalf						
•		· · · · · · · · · · · · · · · · · · ·			<u> </u>	<del></del>
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						<u> </u>
6 Total. Add lines 1 through 5		ļ		+		<del>                                     </del>
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				<del> </del>	_	<del></del>
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year	<u></u>				<u></u>	
c Add lines 7a and 7b					<u> </u>	
8 Public support (Subtract line 7c from line 6)		l				
Section B. Total Support		<u> </u>	T	<del></del>		<del>,</del>
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6			<del> </del>	<u> </u>	<b>_</b>	_
10a Gross income from interest,			1			
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						_
11 Net income from unrelated business	-					
activities not included in line 10b,						
whether or not the business is regularly carned on		j				
12 Other income. Do not include gain			1			
or loss from the sale of capital		1		1		
assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12)			1			
14 First five years. If the Form 990 is fo	r the organization's	s first second this	rd fourth or fifth t	ax vear as a sectio	n 501(c)(3) organiza	ation
check this box and stop here .	. ale organization	o., 360011u, u III	a, rourn, or mult	wyou as a soull	Jo (Jojoj Jigailiza	<b>▶</b> □
Section C. Computation of Publi	ic Support Per	centage	· · · · · · · · · · · · · · · · · · ·	<del></del>		
15 Public support percentage for 2014 (			column (fl)		15	%
16 Public support percentage from 2013		-			16	<u> </u>
Section D. Computation of Inves			* ***********		, 10	70
17 Investment income percentage for 2			ne 13. column (fl)		17	%
18 Investment income percentage from			.,		18	%
19a 33 1/3% support tests - 2014. If the			on line 14, and lin	e 15 is more than 3		
more than 33 1/3%, check this box a	-					▶□
b 33 1/3% support tests - 2013. If the	•	•		• • •		🚩 🗀
line 18 is not more than 33 1/3%, che	•					▶□
20 Private foundation. If the organization		•			_	

#### 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 Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A	ΔII	Supporting	<b>Organizations</b>

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 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) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 Part VI
- 7 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990).
- 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.)

		V	N <sub>2</sub>
Γ		Yes	NO
	1		
	2		
F			
-	3a		
L			
$\vdash$	3b		
H	3c_		
	4a		
	4b		
-	4c		
	<del>-10</del>		
	_		
⊢	5a		
⊢	5b		
上	5c		
	6		
	7		
	8		
	9a		
L	-		
-	9b		
	9c		
<b>-</b>	10a		
	10b		

<u>Sche</u>	dule A (Form 990 or 990-EZ) 2014 GEORGE C. MARSHALL INSTITUTE 22-2	6946	6 Pa	age 5
Pai	rt IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		<u> </u>	
	below, the governing body of a supported organization?	11a		ļ
b	A family member of a person described in (a) above?	11b		
c	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.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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			
	controlled the organization's activities. If the organization had more than one supported organization,			İ
	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		ļ
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			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			_
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	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			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	İ		
	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		1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ļ		<u> </u>
	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			
<del></del>	supported organizations played in this regard.	3		Ĺ
	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 instructions)			
a	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	ructions).		
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			İ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			İ
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined	-		
L	that these activities constituted substantially all of its activities.	2a		
D	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	-	$\vdash$	
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
L	trustees of each of the supported organizations? Provide details in Part VI.	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	Ц	

	edule A (Form 990 or 990-EZ) 2014 GEORGE C. MARSHALL INST			22-2569466 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organia	zations	···
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Sect	tions A through E.	<u> </u>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			-
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion 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):			
<u>a</u>	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		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		<u> </u>
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 pnor year (from Section A, line 8, Column A)	1		
_2_	Enter 85% of line 1	2		
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the gurrent year in the organization's first on a non-functions	llyuntograted	Time III supporting area	nization (acc

instructions).

	dule A (Form 990 or 990-EZ) 2014 GEORGE C. MAR			2-2569466 Page 7
Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	·-
ecti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (pnor 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 the	he organization is responsive		
	(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			
		(i)	(ii)	(iii)
نفدد	on E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
ecu	on 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				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
_i_	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			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if	1		
	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	i l		
-	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7.			
а				
b			· · · · · · · · · · · · · · · · · · ·	
С				
a	Evenes from 2013			!

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 GEORGE C. MARSHALL INSTITUTE	22-2569466 Page 8
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Also complete this part for any additional information. (See instructions).	17a or 17b; and Part III, line 12.
SCHEDULE A, PART II, SECTION A, LINE 4	
THE CURRENT YEAR ACTIVITY IS FOR THE SHORT YEAR ENDED OCT	OBER 31, 2015.
THE SHORT YEAR IS A RESULT OF A FINAL LIQUIDATION AND TER	MINATION OF
THE ORGANIZATION.	
	<u>-</u>

#### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/torm990">www.irs.gov/torm990</a>.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GEORGE C. MARSHALL INSTITUTE

**Employer identification number** 22-2569466

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		·
			(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 v	writing that the assets held in donor advised fund	ds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		· · · —
	for charitable purposes and not for the benefit of the donor o		
	ımpermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a historically	y important land area
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a co	inservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by the organ	zation during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		· -
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section $170(h)(4)(B)$	(6)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the org	anization's accounting for
Do	conservation easements. t III   Organizations Maintaining Collections of	Art Historical Transuras or Other S	Similar Assets
Fai			ommar Assets.
_	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	
та	If the organization elected, as permitted under SFAS 116 (AS	•	•
	historical treasures, or other similar assets held for public exh		public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described a second statement of the control of the co		
D	If the organization elected, as permitted under SFAS 116 (AS		·
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public ser	vice, provide the following amounts
	relating to these items.		<b>.</b> .
			\$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treation following amounts required to be reported under SEAS 1:	,	provide
_	the following amounts required to be reported under SFAS 1:	•	▶ ¢
a	Revenue included in Form 990, Part VIII, line 1		•
E 1			

		MARSHALL				2569466 Page 2
<u>:Par</u>	Organizations Maintaining Coll	ections of Art,	Historical Tre	easures, or Othe	r Similar As	sets (continued)
3	Using the organization's acquisition, accession,	and other records,	check any of the	following that are a s	ignificant use of	its collection items
	(check all that apply):					
а	Public exhibition	d	Loan or exc	change programs		
b	Scholarly research	е	Other		_	
c	Preservation for future generations					•
4	Provide a description of the organization's collection	ctions and explain	how they further t	ne organization's exe	mpt purpose in l	Part XIII.
5	During the year, did the organization solicit or re	ceive donations of	art, historical trea	sures, or other simila	r assets	
	to be sold to raise funds rather than to be mainta	ained as part of the	e organization's co	ellection?		Yes No
Par	tulVi Escrow and Custodial Arrange					IV, line 9, or
	reported an amount on Form 990, Part X					
1a	Is the organization an agent, trustee, custodian	or other intermedia	try for contribution	s or other assets not	ıncluded	
	on Form 990, Part X?			·		Yes No
b	If "Yes," explain the arrangement in Part XIII and					
			•			Amount
С	Beginning balance				1c	
d	Additions during the year	_			. 1d	
е	Distributions during the year				1e	
f	Ending balance				. 1f	
2a	Did the organization include an amount on Form	990, Part X, line 2	1, for escrow or c	ustodial account liab	ility?	Yes No
	If "Yes," explain the arrangement in Part XIII. Ch					
Par	Endowment Funds. Complete if th	e organization ans	wered "Yes" to Fo	rm 990, Part IV, line	10.	
		a) Current year	(b) Prior year	(c) Two years back	(d) Three years t	oack (e) Four years back
1a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	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:		
а	Board designated or quasi-endowment		_%			
b	Permanent endowment	%				
C	Temporarily restricted endowment ▶	%				
	The percentages in lines 2a, 2b, and 2c should e	equal 100%.				
3а	Are there endowment funds not in the possession	on of the organizat	on that are held a	nd administered for t	he organization	
	by:					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations list	•	•			3b
4	Describe in Part XIII the intended uses of the org		ment funds.	<del></del> .		
Kai	Land, Buildings, and Equipmen					
	Complete if the organization answered "Y	T				ı
	Description of property	(a) Cost or oth		1 1-7	Accumulated	(d) Book value
		basis (investme	ent) basis	(other) de	preciation	
	Land					
	Buildings					
	Leasehold improvements					
	Equipment					
e	Other	1				l

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

Francial demetives   Closely-hald equity interests   Colosely-hald Financial derivatives   Cosely-held equity interests   Cosely-held equity interests   Cosely-held equity interests   Cosely-held equity interests   Cosely-held equity interests   Cosely-held equity interests   Cosely-held equity interests   Cosely-held equity interests   Cosely-held equity interests   Cosely-held equity interests   Cosely-held equity   Cosely-he	Complete if the organization answered "Yes" to				<del></del>	
Closelyheld equity interests	Closely-held equity interests	(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or end	l-of-year market value
Other	Other	· F				
A	A	2) Closely-held equity interests				
(B) (C) (C) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	(G) (G) (G) (E) (F) (G) (H) (Int) (G) (H) (Int) (G) (H) (Int) (G) (H) (Int) (G) (H) (Int) (G) (H) (Int) (G) (H) (Int) (G) (Int) (G) (Int) (G) (Int) (G) (Int) (G) (Int) (G) (Int) (G) (Int) (G) (Int)	3) Other				
C    C    C    C    C    C    C    C	(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	_(A)				
(D)	(C) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	(B)				
(E) (F) (G) (H) (H) (G) (H) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(C)				
E	(6) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(D)				
(G)	(c) (th) must equal Form 990, Part X, col. (8) line 12.)	(E)				
(Col. (b) must equal Form 990, Part X. col. (B) line 12.)	(c)  (b) must seual Form 990, Part X, col. (B) line 12.)	(F)			. <u> </u>	
Mail (Col. (b) must equal Form 990, Part X, col. (B) line 12.)   Part VIII   Investments - Program Related.	tal. (Cot. to) must equal Form 990, Part X. cot. (B) line 12.)    Complete if the organization answered "Yes" to 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 (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year value (g) Method of valuation: Cost or end	(G)				
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	Complete if the organization answered "Yes" to 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 (f)	(H)	·			
Complete if the organization answered "Yes" to 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 (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)	Complete if the organization answered "Yes" to 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 (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c). (d) Method of valuation: Cost or end-of-year market value (c). (d) Method of valuation: Cost or end-of-year market value (c). (d) Method of valuation: Cost or end-of-year market value (c). (d) Method of valuation: Cost or end-of-year market value (d). (d) Method of valuation: Cost or end-of-year market value (d). (d) Method of valuation: Cost or end-of-year market value (d). (e) Method of valuation: Cost or end-of-year mar	Part VIII Investments - Program Related.				
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Schedule D (Form 990) 2014

THE INCOME TAX RETURNS FOR EACH OF THE INSTITUTE FOR THE YEARS ENDED

INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

DECEMBER 31, 2014, 2013 AND 2012 ARE SUBJECT TO EXAMINATION BY THE

Schedule D (Form 990) 2014	GEORGE C.	MARSHALL	INSTITUTE	22-2569466 Page 5
Schedule D (Form 990) 2014 Part XIII   Supplemental Info	rmation (continued	0		
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#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

GEORGE C.	MARSHALL	INSTITUTE					22-2569466
Part I General Information on Grants a					***		
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro-	tance?	• •			for the grants or assi	stance, and the selection	on Yes X No
Part II Grants and Other Assistance to I	-			-	anization answered "\	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES - 1616 RHODE ISLAND AVENUE - WASHINGTON, DC 20036	52-1501082	501(c)(3)	364,985.	0.			SUPPORT RESEARCH PROGRAMS RELATED TO SCIENCE AND NATIONAL SECURITY
CO2 COALITION, INC 1601 N KENT STREET, SUITE 802 ARLINGTON, VA 22209	47-3722575	501(C)(3)	293,859.	11,617.	BOOK VALUE	NON CASH ASSETS AND LIABILITIES TRANSFERRED TO THE ORGANIZATION	SUPPORT RESEARCH PROGRAMS RELATED TO CLIMATE CHANGE
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations	•	-	e line 1 table				<b>&gt;</b>

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					<u> </u>
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Supplemental Information. Provide the information	on required in Part I, lin	e 2, Part III, columr	n (b), and any other ad	Iditional information.	
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#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Open to Public

OMB No 1545-0047

pen to Public Inspection

Name of the organization

Department of the Treasury

internal Revenue Service

GEORGE C. MARSHALL INSTITUTE

Employer identification number

22-2569466

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

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

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2014

Part 113 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 in 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.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
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Sched	ule J (Form 990) 2014	GEORGE C.	MARSHALL INST	TUTE		22-2569466	Page 3
Part	II Supplemental Information						
Provid	e the information, explanation	n, or descriptions requ	uired for Part I, lines 1a, 1b, 3	3, 4a, 4b, 4c, 5a, 5b, 6a, 6b	, 7, and 8, and for Part II. Also c	omplete this part for any additional information	n.
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#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

**Transactions With Interested Persons** 

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open To Public Inspection

		MARSHAL					2	mploye 2 - 25			on nu	mber	
					on 501(c)(4), and 50								
					art IV, line 25a or 25b	, or Form 990-E	Z, Part V	, line 40	)b.	-T	_		
(a) Name of disqualified p	erson (b) F	Relationship bety person and or			ified (c	e) Description o	f transac	tion				cted?	
		porson and or	garnze							<del>  Y</del>	es	No	
										_			
								,		$\top$			
2 Enter the amount of tax is	ncurred by the o	rganization man	agers (	or disc	ualified persons duri	ng the year und	ler						
section 4958								<b>&gt;</b> \$					
3 Enter the amount of tax, i	rr any, on line 2,	above, reimburs	ea by	tne org	ganization	• • • • • •		▶ \$	·				
Part II   Loans to and	/or From Int	erested Pers	sons.			-							
Complete if the o	organization ansv	vered "Yes" on F	orm 9	90-EZ	, Part V, line 38a or F	orm 990, Part I	V, line 26	; or if th	ne orga	nizatio	วก		
reported an amou	-				,	•		,					
(a) Name of interested person	(b) Relationship with organization		fron	an to or n the zation?	(e) Original principal amount	(f) Balance d		(g) In default?				(i) Written agreement?	
			То	From			Ye	s No	Yes	No	Yes	No	
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			<u> </u>										
Total   Part III   Grants or As	oiotomas Bar			ha:									
		•											
Complete if the c						(-0)	Time of			\ D			
(a) Name of interested person		(b) Relationship interested pers	son and		(c) Amount of (d) Type assistance assistant				•	•	Purpose of ssistance		
		the organiza	ation										
<del></del>								$\rightarrow$					
	<u> </u>							$\overline{}$					

Business Transactions Involving Complete if the organization answered	=	8b. or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	òrganız rever	aring of zation's nues?
WILLIAM O'KEEFE - SOLUTION	SERVICE PROVIDER	24.000.	WILLIAM O'K	Yes	No X
JEFFREY KUETER	SERVICE PROVIDER		JEFFERY KUE		X
					-
Partiva Supplemental Information					
Provide additional information for response	onses to questions on Schedule L (see i	nstructions).			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVIN	G INTERESTE	D_PERSONS:		
(A) NAME OF DEDGON. WILLIAM	W O'VERER COLUMNON	C CONCUL MEN	· ·		-
(A) NAME OF PERSON: WILLIA	M O'KEEFE - SOLUTION	S CONSULTIN	G		
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
SERVICE PROVIDER					
				-	
(C) AMOUNT OF TRANSACTION	\$ 24,000.				_
(D) DESCRIPTION OF TRANSACT	TION: WILLIAM O'KEEF	E IS AN OFF	ICER OF GEO	RGE	
MARSHALL INSTITUTE AND IS	ALSO THE SOLE OWNER	OF SOLUTION	S CONSULTING	g.	
SOLUTIONS CONSULTING PROVI	DED CONSULTING SERVI	CES TO GEOR	GE C. MARSH	ALL	
INSTITUTE. THOSE SERVICES	INCLUDED MR. O'KEEF	E FUNCTIONI	NG AS CHIEF		
EXECUTIVE OFFICER OF GEORG	E MARSHALL INSTITUTE	AND REPRES	ENTING THE		
INSTITUTE ON MATTERS RELAT	ED TO THE INSTITUTE'	S PROGRAMS.			
(E) SHARING OF ORGANIZATIO	N REVENUES? = NO				
		_			
(A) NAME OF PERSON: JEFFRE	Y KUETER				
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
SERVICE PROVIDER					
(C) AMOUNT OF TRANSACTION	\$ 10,000.				
(D) DESCRIPTION OF TRANSAC					
MARSHALL INSTITUTE UNTIL A	-				
			<del></del>		

PROVIDE CONSULTING SERVICES TO THE INSTITUTE THROUGH DECEMBER 2014.

Sche	dule L (Form 990	or 99	<u>0-EZ) GEORGE</u>	C. MARSHALL	INSTITUTE	<u>22-2569466</u>	Page 2
Par	ਹੋ <b>ਂ</b> Supple	men	tal Information				
				al information for respons	es to questions on Sche	edule L (see instructions).	
					<u>-</u>		
(E)	SHARING	OF	ORGANIZATIO	N REVENUES? =	= NO		
	<u> </u>				-		-
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#### SCHEDULE N (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2014** 

Open to Public Inspection

Name of the organization

GEORGE C. MARSHALL INSTITUTE

Employer identification number 22-2569466

(a) Description of asset(s)     distributed or transaction     expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
					CENTER FOR STRATEGIC AND INTER	
					1616 RHODE ISLAND AVENUE	l
ASH	10/29/15	364,985.		52-1501082	WASHINGTON, DC 20036	501 (C)(3)
					CO2 COALITION, INC	
					1601 N KENT STREET, SUITE 802	
ASH	10/29/15	293,859.		47-3722575	ARLINGTON, VA 22209	501 (C)(3)
					CO2 COALITION, INC	
RANSFER BOOK VALUE OF OTHER ASSETS					1601 N KENT STREET, SUITE 802	
ND LIABILITIES	10/29/15	11,616.	BOOK VALUE	47-3722575	ARLINGTON, VA 22209	501 (C)(3)
	<u> </u>	<u></u>		<u> </u>	L	Yes

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

2b X 2c X 2d X

► SEE PART III

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

Schedule N (Form 990 or 990-EZ) (2014)

Schedule N (Form 990 or 990-EZ) (2014) GEO	RGE C. MAR	SHALL INSTITU	JTE	22-2569	466		F	Page 2
Liquidation, Termination, or Dissolu	ution (continued)							
Note. If the organization distributed all of it	ts assets during the	tax year, then Form 990,	Part X, column (B), line 16	6 (Total assets), and li	ne 26 (Total liabilities), should equal -0		Yes	
3 Did the organization distribute its assets in		• •				3		X
4a Is the organization required to notify the at	ttorney general or ot	her appropriate state offic	cial of its intent to dissolve	e, liquidate, or termina	te?	4a		X
<b>b</b> If "Yes," did the organization provide such	••		•			4b		X
5 Did the organization discharge or pay all or						5		X
6a Did the organization have any tax-exempt	-					6a		X
b If "Yes" to line 6a, did the organization disc	-	•	-			6b	<u> </u>	<u> — </u>
c If "Yes," to line 6b, describe in Part III how						4 IV 1	.00 -	
Part II Sale, Exchange, Disposition, or Other Form 990-EZ, line 36. Part II can be du			ization's Assets. Comple	ete this part if the orga	anization answered "Yes" to Form 990, Pai	t IV, line	32, 0	AT .
(a) Description of asset(s)     distributed or transaction     expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	tax-exen	ient(s) (if	f
				ļ				
							<del></del>	
- <del></del>								
							Yes	No
2 Did or will any officer, director, trustee, or l		•						
<ul> <li>a Become a director or trustee of a successor</li> </ul>	or or transferee orga	nization?				2a		1

- **b** Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
- e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

	Yes	No
		4
2a		
2b		
2c		
2d		

Schedule N (Form 990 or 990-EZ) (2014) GEORGE C. MARSHALL INSTITUTE	22-2569466 Page 3
Part III   Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part	II, line 2e.
Also complete this part to provide any additional information.	
DANG T TIME OR.	
PART I, LINE 2E:	
WILLIAM O'KEEFE	
TIPHIN O MAN TO THE TOTAL TO TH	
PART I, LINE 2E:	
TITLETAN OF VEREER WAS MITE OROOF MAD STALL TAYOR THE	
WILLIAM O'KEEFE WAS THE CEO OF THE GEORGE MARSHALL INSTITUT	E. WILLIAM
O'KEEFE IS THE CEO OF CO2 COALITION, INC. MR. O'KEEFE WILL	NOT RECEIVE ANY
COMPENSATION OR SIMILAR PAYMENT, OR SEVERACNCE PAYMENT AS A	RESULT OF THE
LIQUIDATION OF THE GEORGE MARSHALL INSTITUTE.	
THE CO2 COALITION ANTICIPATES THAT IT WILL COMPENSATE MR. O	'KEEFE FOR WORK
HE PERFORMS ON BEHALF OF CO2 COALITION.	
	<del></del>

#### **SCHEDULE O** (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.

Open to Public

Inspection

Name of the organization

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

**Employer identification number** 22-2569466 GEORGE C. MARSHALL INSTITUTE

PAGE 1, ITEM B - FINAL RETURN; AND PAGE 2, PART 3, QUESTION 3
GEORGE C. MARSHALL INSTITUTE
BIN 22-2569466
FEDERAL FORM 990
FINAL RETURN AS OF OCTOBER 31, 2015
THE BOARD OF DIRECTORS OF THE GEORGE C. MARSHALL INSTITUTE (THE
INSTITUTE) HAVE VOTED TO DISSOLVE THE ORGANIZATION AND DISTRIBUTE ALL
OF ITS REMAINING ASSETS TO TWO PUBLIC CHARITIES. A COPY OF THE
NOTARIZED RESOLUTION IS ATTACHED.
SCHEDULES I AND N ON FORM 990 HAVE BEEN COMPLETED TO REPORT THE AMOUNT
DISTRIBUTED TO CHARITIES.
FORM 990, PART VI, SECTION A, LINE 3:
THE INSTITUTE ENGAGED A CONSULTING FIRM TO PROVIDE DAILY OVERSIGHT OF
PROGRAMS AND ADMINISTRATIVE ACTIVITIES. FINANCIAL INFORMATION AND PROGRAM
ACTIVITY ARE MONITORED ON A WEEKLY BASIS BY A MEMBER OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 IS REVIEWED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER. A
COPY IS THEN PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS. BOARD
MEMBERS ARE GIVEN A PERIOD OF TIME TO REVIEW THE FORM 990 AND RESPOND WITH
ANY QUESTIONS AS NEEDED. ONCE THE PERIOD OF REVIEW HAS ENDED, THE
HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES THE FOLLOWING DOCUMENTS AVAILABLE TO THE PUBLIC AS

THEY ARE REQUESTED:

CHARITABLE REGISTRATION STATEMENT

FEDERAL FORM 990

CONFLICT OF INTEREST POLICY

FINANCIAL STATEMENTS

Schedule O (Form 990 or 990-EZ) (2014)  Name of the organization  GEORGE C. MARSHALL INSTITUTE	Employer identification number 22-2569466
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,047.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,047.
RESEARCH CONSULTANTS:	
PROGRAM SERVICE EXPENSES	102,220.
MANAGEMENT AND GENERAL EXPENSES	40,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	142,220.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	143,267.
	<del></del>