Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ 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

DLN: 93493197005385 OMB No 1545-0047

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014 C Name of organization CENTER FOR SECURITY POLICY INC D Employer identification number B Check if applicable Address change 52-1601976 Name change Doing business as Initial return E Telephone number umber and street (or P O box if mail is not delivered to street address) Room/suite Final return/terminated 1901 PENNSYLVANIÀ AVE NW SUITE 201 (202)835-9077Amended return City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006 G Gross receipts \$ 2,081,532 Application pending Name and address of principal officer H(a) Is this a group return for FRANK J GAFFNEY JR Yes 🔽 No subordinates? 1901 PENNSYLVANIA AVE NW SUITE 201 WASHINGTON.DC 20006 **H(b)** Are all subordinates Yes Γ No included? Tax-exempt status If "No," attach a list (see instructions) Website: ► WWW CENTERFORSECURITYPOLICY ORG H(c) Group exemption number ► K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1988 M State of legal domicile DC Part I Summary Briefly describe the organization's mission or most significant activities STIMULATE AND INFORM THE NATIONAL AND INTERNATIONAL DEBATES ABOUT ALL ASPECTS OF SECURITY POLICY Activities & Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . 10 4 9 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2014 (Part V, line 2a) . 5 19 6 13 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 3.554.696 2.042.164 8 Program service revenue (Part VIII, line 2g) . 39,339 9 21,413 -513 29 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,636 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 3,580,232 2,081,532 12) . 0 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 1,397,539 1,584,375 Expenses 5-10) Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 208,911 b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,892,691 1,919,279 **17** 3,290,230 3,503,654 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 290,002 -1,422,122 Assets or d Balances **Beginning of Current End of Year** Year 20 1,759,855 345,075 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 173,391 180,733 22 Net assets or fund balances Subtract line 21 from line 20 1,586,464 164,342

Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here

Signature of officer

FRANK J GAFFNEY JR PRESIDENT

Type or print name and title

Paid Preparer **Use Only**

Print/Type preparer's name DALBERT B GINSBERG

Preparer's signature

Firm's name Find GINSBERG HELFER & BOYD PLLC

Firm's address ► 1850 K STREET NW SUITE 675

WASHINGTON, DC 20006

May the IRS discuss this return with the preparer shown above? (see instructio

For Paperwork Reduction Act Notice, see the separate instructions.

| art IV | Checklist of | Required | Schedules |
|--------|--------------|----------|-----------|
| | | | |

| | | | Yes | No |
|-----|---|-----|-----|-----|
| 1 | Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A^{22} | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? * | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet} | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$ | 10 | | No |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | Yes | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | No |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | No |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | N o |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Νo |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | N o |
| 13 | Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E | 13 | | Νo |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{2}$ If "Yes," complete Schedule G, Part I (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | | No |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | N o |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| Par | t IV Checklist of Required Schedules (continued) | | | |
|-----|--|-----|-----------------|--------|
| 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 | | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| 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 | | No |
| 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? If "Yes," complete Schedule L, Part II | 26 | | No |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | No |
| 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? <i>If "Yes," complete Schedule L, Part IV </i> | 28a | | No |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | No |
| С | 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 | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . $.$ | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | No |
| 35a | Did the organization have a controlled entity within the meaning of section $512(b)(13)$? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| | | F | orm 99 0 | (2014) |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | Yes | No |
|-----|---|-----|---------|-------------------------|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 3 | 5 | 1.03 | 140 |
| | | 5 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| 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 | 9 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes | |
| Ba | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | N |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| la | 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 | | N |
| h | If "Yes," enter the name of the foreign country | | | |
| ט | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | |
| a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | N |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | <u></u> | N |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | _ | | |
| • _ | Dana tha annuar tana hara annual annuar ara anta that ann annual la annuar tanthan ±100,000 and did tha | 5c | | <u>.</u> |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gift | 6a | | N |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | 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 | | N |
| | 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 title Form 8282? | ° | | N |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | N |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | N |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 a | | | |
| | required? | 7g | | N |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | N |
| 3 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| a | 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 | | |
|) | Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| L | 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) | | | |
| 2a | 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 | | | |
| 3 | year | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| | Enter the amount of reserves the organization is required to maintain by the states | | | |
| b | | | | |
| | in which the organization is licensed to issue qualified health plans | | | |
| c | In which the organization is licensed to issue qualified health plans | 14a | | _N |

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

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

| Se | ection A. Governing Body and Management | | | |
|----------------------------------|--|---------------------------------------|---------------------|-----|
| | | | Yes | No |
| 1 a | 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 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?. | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 | Did the organization have members or stockholders? | 6 | | No |
| _ | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | 7a | | No |
| L | more members of the governing body? | 7a 7b | | |
| | or persons other than the governing body? | /b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| а | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ıe Cod | e.) |
| | | | Yes | No |
| 102 | Did the organization have local chapters, branches, or affiliates? | | | |
| IVa | Did the organization have local chapters, branches, or anniates. | 10a | | No |
| | 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? | 10a 10b | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 10b | Yes | No |
| b 11a | 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | 10b | Yes | No |
| b 11a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | Yes | No |
| b 11a b 12a | 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b | | No |
| b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a | Yes | No |
| b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b | Yes | No |
| b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? | 10b 11a 12a 12b | Yes Yes | No |
| b 11a b 12a b c | 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b 12c 13 | Yes Yes Yes | No |
| b 11a b 12a b c 13 14 | 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes | No |
| b 11a b 12a b c 13 14 | 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes | |
| b 11a b 12a b c 13 14 | 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes | No |
| b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes | |
| b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes | |
| b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes | No |
| b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participatine in a joint venture or similar arrangement with a taxable entity during the year? 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? | 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes | No |
| b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 | 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes | No |
| b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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 Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? | 10b 11a 12a 12b 12c 13 14 15a 15b | Yes Yes Yes Yes Yes | No |

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records

interest policy, and financial statements available to the public during the tax year

WASHINGTON, DC 20006 (202) 835-9077

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<u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 nor any related organization compensated any current officer, director, or trustee

| (A) Name and Title | (B) A verage hours per week (list any hours | more pers | than on is | one bot | not box h ar | checl (, unle n office rustee | ess er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation |
|---|---|-----------------------------------|-----------------------|------------|--------------------|--|-----------|---|--|--|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | (W- 2/1099- MISC) | from the organization and related organizations |
| (1) JAMES T DEGRAFFENREID DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (2) E MILES PRENTICE III CHAIRMAN | 1 00 | х | | | | | | 0 | 0 | 0 |
| (3) NINA CUNNINGHAM PHD DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (4) DR DOMINIC J MONETTA DIRECTOR | 1 00 | × | | | | | | 0 | 0 | 0 |
| (5) DR JACK LONDON DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (6) EBRAHIM MOUSSAZADEH DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (7) LT COL MARLIN L HEFTI USMC RET DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (8) JOE COLONNETTA DIRECTOR | 1 00 | Х | | | | | | 0 | 0 | 0 |
| (9) BRUCE J BROTMAN JD DIRECTOR | 1 00 | х | | | | | | 0 | 0 | 0 |
| (10) FRANK J GAFFNEY JR PRESIDENT & CEO | 40 00 | х | | х | | | | 274,163 | 0 | 33,925 |
| (11) WILLIAM J PHILBIN SENIOR VP FOR OPERATIONS | 40 00 | | | х | | | | 163,172 | 0 | 9,380 |
| (12) SHAUN T SEIFERT | 40 00 | | | х | | | | 120,000 | 0 | 21,731 |
| <u>CFO</u> | <u> </u> | | | <u> </u> | <u> </u> | | | | | |

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

| (A) Name and Title | (B) A verage hours per week (list any hours | more t perso | han d n is | one both | box, an | heck unless officer stee) | | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | (F) Estimated amount of other compensation from the |
|-----------------------|---|-----------------------------------|-----------------------|-------------|--------------|------------------------------------|--------|---|--|---|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099-MISC) | 2/1099-MISC) | organization and related organizations |

| 1b | Sub-Total | • | | | |
|----|---|---|---------|---|--------|
| c | Total from continuation sheets to Part VII, Section A | Þ | | | |
| d | Total (add lines 1b and 1c) | ► | 557,335 | 0 | 65,036 |

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization -3

| | | | Yes | No |
|---|--|---|-----|----|
| 3 | Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | 1 | |
| | on time 1a 11 res, complete schedule 3101 such marviadar | 3 | | Νo |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | Yes | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for | _ | | |
| 5 | services rendered to the organization? If "Yes," complete Schedule J for such person | 5 | | No |
| | | _ | | |

Section B. Independent Contractors

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

| | 5 | , |
|---|-----------------------------|---------------------|
| (A) Name and business address | (B) Description of services | (C) Compensation |
| STEPHEN COUGHLIN, 18509 CORNFLOWER ROAD BOYDS, MI 20841 | CONSULTING | 131,000 |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

| Part V | 4 + + 4 | Statement of Revenue | aca ar nota to any lu | no in this Bart VIII | | | _ |
|---|----------|--|-----------------------|----------------------|--|--------------------------------|--|
| | | Check if Schedule O contains a respon | ise of note to any in | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| g B | 1a | Federated campaigns 1a | | | | | |
| ons, Giffs, Grants Similar Amounts | ь | Membership dues 1b | | | | | |
| 9 E | c | Fundraising events 1c | | | | | |
| ffs, ≓A | d | Related organizations 1d | | | | | |
| છ્.≝ | e | Government grants (contributions) 1e | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | f | All other contributions, gifts, grants, and similar amounts not included above | 2,042,164 | | | | |
| tributic Other | g | Noncash contributions included in lines | 100,460 | | | | i i |
| Cont and | h | 1a-1f \$ Total. Add lines 1a-1f | | 2,042,164 | | | |
| <u>ه</u> | <u>.</u> | Total Add III C 1 | P | , , | | | |
| e E | 2a | MISCELLANEOUS | Business Code | 20, 220 | 20, 220 | | 1 |
| Program Serwce Revenue | b Za | MISCELLANEOUS | 900099 | 39,339 | 39,339 | | |
| | C | | | | | | |
| ē Ē | d | | | | | | |
| 38 | e e | | | | | | |
| Ē | f | All other program service revenue | | | | | |
| ¥o⊈. | ' | | | | | | |
| <u></u> | g | Total. Add lines 2a-2f | | 39,339 | | | |
| | 3 | Investment income (including dividendand other similar amounts) | | 29 | | | 29 |
| | 4 | Income from investment of tax-exempt bond | | | | | |
| | 5 | Royalties | 🕨 | | | | |
| | | (ı) Real | (II) Personal | | | | |
| | | Gross rents Less rental | | | | | |
| | Ь | expenses | | | | | |
| | С | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | | (ı) Securities | (II) Other | | | | |
| | 7a | from sales of assets other | | | | | |
| | ь | than inventory Less cost or | | | | | |
| | | other basis and sales expenses | | | | | |
| | С | Gain or (loss) | | | | |] |
| | d | Net gain or (loss) | | | | | |
| ıne | 8a | events (not including | | | | | |
| Other Revenue | | \$ of contributions reported on line 1c) See Part IV, line 18 | | | | | |
| <u>-</u> | _ | a | | | | | |
| ¥ | b c | Less direct expenses b Net income or (loss) from fundraising | avents : | | | | 1 |
| • | | Gross income from gaming activities | events p- | | | | |
| | | See Part IV, line 19 | | | | | |
| | ь | Less direct expenses b | | | | |] |
| | | Net income or (loss) from gaming actions sales of inventory, less | vities | | | | |
| | | returns and allowances . | | | | | |
| | ь | Less cost of goods sold b | | | | |] |
| | С | Net income or (loss) from sales of inve | | | | | |
| | | Miscellaneous Revenue | Business Code | | | | 1 |
| | 11a | | | | | | |
| | b | | | | | | |
| | C . | | | | | | ļl |
| | d | All other revenue | | | | | |
| | e | | • | | | | |
| | 12 | Total revenue. See Instructions . | 🕨 | 2,081,532 | 39,339 | (| 29 |

Part IX Statement of Functional Expenses

| Section 501(c)(3) | and 501(c)(4) | organizations must com | plete all columns All | I other organizations must co | omplete column (A) |
|-------------------|---------------|------------------------|-----------------------|-------------------------------|---------------------|
| | | | | | |

| Section | on 501(c)(3) and 501(c)(4) organizations must complete all columns. All | | | | |
|---------|--|-----------------------|------------------------------------|-------------------------------------|---------------------------------------|
| | Check if Schedule O contains a response or note to any line in this | Part IX | | | |
| | ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 565,450 | 466,725 | 52,243 | 46,482 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 733,369 | 605,326 | 67,757 | 60,286 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 64,322 | 53,986 | 5,789 | 4,547 |
| 9 | Other employee benefits | 129,164 | 114,956 | 2,027 | 12,181 |
| 10 | Payroll taxes | 92,070 | 77,030 | 9,820 | 5,220 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 115,460 | 109,510 | 4,500 | 1,450 |
| С | Accounting | 44,314 | 12,854 | 28,800 | 2,660 |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 984,206 | 953,925 | 13,090 | 17,191 |
| 12 | Advertising and promotion | 7,983 | 7,983 | | |
| 13 | Office expenses | 12,262 | 8,825 | 1,719 | 1,718 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 205,225 | 163,667 | 26,371 | 15,187 |
| 17 | Travel | 165,485 | 144,310 | 5,587 | 15,588 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 53,532 | 52,332 | 1,200 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 15,061 | 10,241 | 3,916 | 904 |
| 23 | Insurance | 24,244 | 21,577 | 381 | 2,286 |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | EVENT EXPENSE | 58,683 | 54,693 | 598 | 3,392 |
| b | TELEPHONE | 27,691 | 23,332 | 3,224 | 1,135 |
| c | WEBSITE MAINTENANCE | 27,157 | 27,157 | | |
| d | BAD DEBT EXPENSE | 25,000 | 25,000 | | |
| e | All other expenses | 152,976 | 109,996 | 24,296 | 18,684 |
| 25 | Total functional expenses. Add lines 1 through 24e | 3,503,654 | 3,043,425 | 251,318 | 208,911 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | Го. | rm 990 (2014) |

Part X Balance Sheet

| | | | | | (A) Beginning of year | | (B) End of year |
|-------------------------|----------|--|--------------------|--------------------|--------------------------|-----|--------------------|
| | 1 | Cash-non-interest-bearing | | | 908,006 | | 198,087 |
| | 2 | Savings and temporary cash investments | | | 54,641 | | 35,599 |
| | 3 | Pledges and grants receivable, net | | | 707,500 | | 50,000 |
| | 4 | Accounts receivable, net | | | , | 4 | ' |
| | 5 | Loans and other receivables from current and former officers, diremployees, and highest compensated employees. Complete Par Schedule L | ectors, t II of | trustees, key | | 5 | |
| Š | 6 | Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L | ntribut | ing employers | | 6 | |
| တ္ | , | Notes and leans reservable, not | | | | 7 | |
| Assets | 7 8 | Notes and loans receivable, net | | | | 8 | |
| | 9 | | | | 37,386 | | 5,320 |
| | 10a | Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 155,070 | , | 9 | 3,320 |
| | Ь | Less accumulated depreciation | 10b | 112,37 | 38,946 | 10c | 42,693 |
| | 11 | Investments—publicly traded securities | | , , | 35,515 | 11 | 12,000 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 13,376 | | 13,376 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 1,759,855 | | 345,075 |
| | 17 | Accounts payable and accrued expenses | | | 173,391 | 17 | 180,733 |
| | 18 | Grants payable | • | • | 110,001 | 18 | 100,100 |
| | 19 | Deferred revenue | • | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | • | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Sched | | | | 21 | |
| lities | 22 | Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie | s, trus | | | 21 | |
| Liabilit | | persons Complete Part II of Schedule L | | | | 22 | |
| Ï | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part | X of S | chedule | | | |
| | | D | | | 173,391 | 25 | 180,733 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 173,391 | 26 | 180,733 |
| A D | | Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34. | and co | ompiete | | | |
| 2 | 27 | Unrestricted net assets | | | 79,554 | 27 | -273,015 |
| <u>한</u> | 28 | Temporarily restricted net assets | | | 1,506,910 | | 437,357 |
| _ | 29 | Permanently restricted net assets | | | | 29 | <u> </u> |
| Assets of Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34. | | | | | |
| o v | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| Ř | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| Š | 32 | Retained earnings, endowment, accumulated income, or other fu | | | | 32 | |
| Ž | 33 | Total net assets or fund balances | | | 1,586,464 | 33 | 164,342 |
| 2 | 34 | Total liabilities and net assets/fund balances | | | 1,759,855 | 34 | 345,075 |

| Pai | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI | • | | | ୮ |
|-----|--|---------|--------------|------|---------|
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 2,0 | 081,532 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 3,! | 503,654 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | -1.4 | 122,122 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 586,464 |
| 5 | Net unrealized gains (losses) on investments | 5 | | - /- | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period 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 | | : | 164,342 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . 🔽 |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both | wed o | n | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both | rate | | | |
| | ▼ Separate basis | | | | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant? | t of th | ne 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule 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 Audit Act and OMB Circular A-133? | е | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |

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As Filed Data -

DLN: 93493197005385

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization CENTER FOR SECURITY POLICY INC

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

| | | | | | | | 52-1601976 | |
|-------|---------------|---|----------------|-------------------------------------|-------------------------|------------------------|--------------------------|-------------------------------------|
| Par | | | | | | | part.) See instruction | ons. |
| The o | rganı: | zation is not a private fo | | | | | | |
| 1 | ı | A church, convention | of churches, o | r association of churc | hes described i | n section 170(| b)(1)(A)(i). | |
| 2 | Г | A school described in | section 170(b |)(1)(A)(ii). (Attach S | chedule E) | | | |
| 3 | Γ | A hospital or a cooper | atıve hospıtal | service organization o | described in sec | tion 170(b)(1) |)(A)(iii). | |
| 4 | Γ | A medical research or | | rated in conjunction v | vith a hospital c | lescribed in se | ction 170(b)(1)(A)(iii |). Enter the |
| 5 | \vdash | hospital's name, city, An organization opera | and state | efit of a college or uni | versity owned o | or operated by | a governmental unit d | escribed in |
| • | ' | section 170(b)(1)(A) | | | versity owned t | or operated by | a governmentar ame a | escribed iii |
| 6 | г | A federal, state, or loc | | • | described in se | ection 170(b)(| 1)(A)(v) | |
| 7 | <u> </u> | An organization that n | | | | | | ieneral nublic |
| , | 1* | described in section 1 | • | • | • • | om a governme | ental unit of from the g | Jeneral Public |
| 8 | Г | A community trust des | | | | tII) | | |
| 9 | Г | An organization that n | | | | - | butions, membership | fees, and gross |
| | | receipts from activitie | | | | | | |
| | | its support from gross | | • | - | | • • | |
| | | acquired by the organi | | | | | | |
| 10 | Г | An organization organ | | | | | | |
| 11 | _ | An organization organ | | | | | | ut the purposes of |
| | ' | one or more publicly s | • | • | | | | |
| | | the box in lines 11a th | | | | | | |
| а | Г | Type I. A supporting o | | | | | | |
| | | supported organization | | | | ty of the direct | ors or trustees of the | supporting |
| b | $\overline{}$ | organization You mus Type II. A supporting | | | | with its suppo | orted organization(s) h | y having control or |
| U | ' | management of the su | | | | | | |
| | | must complete Part IV | | | same persons c | inde control of the | manage the supported | organization(5) |
| c | \sqcap | Type III functionally | | | n operated in c | onnection with | , and functionally integ | grated with, its |
| | _ | supported organization | | | | | | |
| d | ı | Type III non-function | | | | | | |
| | | not functionally integr (see instructions) Yo | | | | | ement and an attentiv | eness requirement |
| e | Г | Check this box if the c | | | | | s a Type I, Type II, T | ype III functionally |
| | • | integrated, or Type III | | | | | ,, , ,, ,, | ,, |
| f | | Enter the number of su | upported organ | iizations | | | | |
| g | | Provide the following i | nformation abo | out the supported orga | ınızatıon(s) | | | |
| | | | | | , | | 1 | |
| | | ame of supported | (ii) EIN | (iii) Type of | (iv) Is the org | - | (v) A mount of | (vi) A mount of |
| | | organization | | organization (described on lines | listed in your | | monetary support | other support (see instructions) |
| | | | | 1-9 above or IRC | docume | :IIL' | (see instructions) | ilistructions) |
| | | | | section (see | | | | |
| | | | | instructions)) | | I | | |
| | | | | · · | Yes | No | | |
| | | | | | | | | 1 |
| | | | | | | | | |
| Total | | | | | | | | |
| TOLAI | | | | | <u> </u> | <u> </u> | | |

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

| Se | ection A. Public Support | | | | | | | |
|---------|---|---|---------------------------------------|--|---------------------------------------|--------------------------------|----------------------------|--------------------------|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2 | 014 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 4,084,750 | 4,478,902 | 3,246,356 | 3,554,696 | 2 | 2,042,164 | 17,406,868 |
| | Tax revenues levied for the organization'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 | 4,084,750 | 4,478,902 | 3,246,356 | 3,554,696 | 2 | ,042,164 | 17,406,868 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly | | | | | | | 5,406,597 |
| | supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | 3,400,397 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | | 12,000,271 |
| Se | ection B. Total Support | | | | | | | |
| Cale | endar year (or fiscal year | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 20 | 014 | (f) Total |
| 7 | beginning in) ► A mounts from line 4 | 4,084,750 | 4,478,902 | 3,246,356 | 3,554,696 | | ,042,164 | 17,406,868 |
| 8 | Gross income from interest, | 1,001,730 | 1,170,302 | 3,210,330 | 3,331,030 | | ,012,101 | 17,100,000 |
| Ū | dividends, payments received on securities loans, rents, royalties and income from similar | 1,603 | 2,251 | 20,253 | 4,704 | | 29 | 28,840 |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | 13,653 | | | 13,653 |
| 11 | Total support Add lines 7 through 10 | | | | | | | 17,449,361 |
| 12 | Gross receipts from related activiti | ies, etc (see insti | ructions) | L | | 12 | | 145.080 |
| 13 | First five years. If the Form 990 is organization, check this box and st | | | | | | | |
| Se | ection C. Computation of Pul | | | | | | | |
| 14 | Public support percentage for 2014 | 4 (lıne 6, column (| f) divided by line | 11, column (f)) | | 14 | | 68 770 % |
| 15 | Public support percentage for 2013 | 3 Schedule A, Par | t II, line 14 | | | 15 | | 100 000 % |
| 16a | 33 1/3% support test-2014. If the | organization did | not check the box | c on line 13, and l | ine 14 is 33 1/3% | ں۔۔۔۔۔ or more ہٰ | , check t | :his box |
| | and stop here. The organization qua 33 1/3% support test—2013. If the | alıfıes as a publıcl e organızatıon dıd | y supported orga not check a box (| nization on line 13 or 16a, | | | | ▶ ✓ neck this |
| | box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization medorganization | — 2014. If the organization meets the "facts-and | anization did not of acts-and-circums | check a box on lin stances" test, che test The organiz | ck this box and station qualifies as | stop here s a public | Explain ly suppoi | rted ▶┌ |
| b 18 | 10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part VI how the organiza supported organization Private foundation. If the organization | nization meets the ition meets the "fa | e "facts-and-circ acts-and-circums | umstances" test, stances" test The | check this box a e organization qu | nd stop h alıfıes as | i ere. a publici | y ▶□ |
| | instructions | | | | | | | F-1 |

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's 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 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2013 Schedule A, Part III, line 15 16

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

33 1/3% support tests—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Section D. Computation of Investment Income Percentage

Investment income percentage from 2013 Schedule A, Part III, line 17

Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))

17

18

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

18

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)

| Se | ection A. All Supporting Organizations | | Yes | No |
|-----|---|------------|-----|----|
| 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. | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) . | 2 | | |
| За | Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below. | За | | |
| t | 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. | 3b | | |
| 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. | 3с | | |
| 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. | 4a | | |
| t | 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. | 4b | | |
| 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 $(2)^7$ 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. | 4 c | | |
| 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). | 5a | | |
| 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? | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | 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 . | 6 | | |
| 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). | 7 | | |
| 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 II of Schedule L (Form 990). | 8 | | |
| 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 . | 9a | | |
| Ŀ | 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 . | 9b | | |
| 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 . | 9c | | |
| L0a | 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. | 10a | | |
| Ŀ | 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). | 10b | | |
| L1 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| ŀ | • A family member of a person described in (a) above? | 11a 11b | | |
| | A 135% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |

| Pa | rt IV Supporting Organizations (continued) | | | |
|----|--|--------|-----------|----|
| S | ection 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, 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 | | |
| 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 carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization. | 2 | | |
| S | ection 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 | | |
| S | ection D. All 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 year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | | |
| 5 | ection E. Type III Functionally-Integrated Supporting Organizations | | | |
| | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | inctri | ıct ione) | |
| | The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government elinstructions.) | | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No |
| | a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 | | | | |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | | |
| | h Did the organization evergise a substantial degree of direction over the policies, programs and activities of each | | | l |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

| 1 | _ | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other |
|-----|----|---|
| ype | [] | II non-functionally integrated supporting organizations must complete Sections A through E |

| | Section 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 | | |

| | Section 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) | 1 | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| 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 | | |
| 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 | | |

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

| | Current Year |
|---|--------------|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |

| Section D - Distributions | Current Year | | | | |
|---|---|--|---|--|--|
| 1 Amounts paid to supported organizations to accom | plish exempt purposes | | | | |
| 2 A mounts paid to perform activity that directly furthexcess of income from activity | 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | | | | |
| 3 Administrative expenses paid to accomplish exemp | anızatıons | | | | |
| 4 Amounts paid to acquire exempt-use assets | | | | | |
| 5 Qualified set-aside amounts (prior IRS approval rec | nured) | | | | |
| | | | | | |
| 6 Other distributions (describe in Part VI) See instru | JCTIONS | | | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | | | |
| 8 Distributions to attentive supported organizations t details in Part VI) See instructions | o which the organization is r | esponsive (provide | | | |
| 9 Distributable amount for 2014 from Section C, line | 6 | | | | |
| 10 Line 8 amount divided by Line 9 amount | | | | | |
| | | (::) | (:::) | | |
| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2014 | (iii) Distributable Amount for 2014 | | |
| 1 Distributable amount for 2014 from Section C, line 6 | | | | | |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions) | | | | | |
| 3 Excess distributions carryover, if any, to 2014 | | | | | |
| a From 2009 | | | | | |
| b From 2010 | | | | | |
| c From 2011 | | | | | |
| d From 2012 | | | | | |
| e From 2013 | | | | | |
| f Total of lines 3a through e | | | | | |
| g Applied to underdistributions of prior years | | | | | |
| h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) | | | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | | | |
| 4 Distributions for 2014 from Section D, line 7 \$ | | | | | |
| A pplied to underdistributions of prior years | | | | | |
| b Applied to 2014 distributable amount | | | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | | | |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) | | | | | |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) | | | | | |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c | | | | | |
| 8 Breakdown of line 7 | | | | | |
| a From 2010 | | | | | |
| b From 2011 | | | | | |
| c From 2012 | | | | | |
| d From 2013 | | | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

| Return Reference | Explanation |
|------------------|-------------|

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493197005385

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** CENTER FOR SECURITY POLICY INC. 52-1601976 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

section 4911 tax for this year?

┌ Yes ┌ No

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

| Check | ▶ □ | ıf the filing | organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E | ĪN, |
|-------|------------|---------------|--|-----|
| | | expenses | and share of excess lobbying expenditures) | |

B Check ► If the filing organization checked box A and "limited control" provisions apply

| | Limits on Lobbying E (The term "expenditures" means ar | | (a) Filing organization's totals | (b) Affiliated group totals |
|----|---|---|--|------------------------------------|
| 1a | Total lobbying expenditures to influence public o | 0 | | |
| b | Total lobbying expenditures to influence a legisl | 20,401 | | |
| c | Total lobbying expenditures (add lines 1a and 1i | o) | 20,401 | |
| d | Other exempt purpose expenditures | 3,483,253 | | |
| е | Total exempt purpose expenditures (add lines 1 | c and 1d) | 3,503,654 | |
| f | Lobbying nontaxable amount Enter the amount f | 325,183 | | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| | Not over \$500,000 | 20% of the amount on line 1e | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | |
| | Over \$17,000,000 | \$1,000,000 | | |
| g | Grassroots nontaxable amount (enter 25% of lin | e 1f) | 81,296 | |
| h | Subtract line 1g from line 1a If zero or less, ent | er - O - | 0 | |
| i | Subtract line 1f from line 1c If zero or less, ente | r-0- | 0 | |
| j | If there is an amount other than zero on either li | ne 1h or line 1ı, did the organization file Form 4720 | reporting | ⊤Yes ⊏ No |

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

| | Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | |
|-------|--|----------|-----------------|-----------------|------------------|------------------|--|--|--|
| | Calendar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total | | | |
| 2a | Lobbying nontaxable amount | 323,927 | 337,972 | 314,512 | 325,183 | 1,301,594 | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 1,952,391 | | | |
| c | Total lobbying expenditures | 50,359 | 37,128 | 68,203 | 20,401 | 176,091 | | | |
| _d | Grassroots nontaxable amount | 80,982 | 84,493 | 78,628 | 81,296 | 325,399 | | | |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 488,099 | | | |
| f | Grassroots lobbying expenditures | | | | | | | | |

| Pa | rt II-B Complete if the organization is exempt under section 501(c)(3) and has filed Form 5768 (election under section 501(h)). | ТОИ | | | |
|--------|--|-----------|----------|-----------|-------|
| For e | each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | (a | 1) | (b |) |
| activ | | Yes | No | Amo | unt |
| 1 a | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? | | | | |
| b c | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? | | | | |
| d | Mailings to members, legislators, or the public? | | | | |
| e | Publications, or published or broadcast statements? | | | | |
| f | Grants to other organizations for lobbying purposes? | | | | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | |
| h i | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? | | | | |
| j | Total Add lines 1c through 1i | | | | |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| Ь | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| С | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| | , , | | | <u> </u> | |
| Pa | t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$ | 501(c |)(5), c | or secti | on |
| | 501(c)(6). | | | Ye | s No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | Г | 1 | 1 |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | F | 2 | |
| 3 | Did the organization agree to carry over lobbying and political expenditures from the prior year? | | | 3 | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." | | | | |
| 1 | Dues, assessments and similar amounts from members | 1 | | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | |
| а | Current year | 2a | | | |
| b | Carryover from last year | 2b | | | |
| С | Total | 2c | | | |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | | | |
| 5 | Taxable amount of lobbying and political expenditures (see instructions) | 5 | | | |
| P | art IV Supplemental Information | | | | |
| | ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated grou see instructions), and Part II-B, line 1 Also, complete this part for any additional information | ıp lıst), | Part II | -A, lines | 1 and |
| | Return Reference Explanation | | | | |
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| Part IV Supplemental Information (continued) | | | | | |
|--|-------------|--|--|--|--|
| Return Reference | Explanation | | | | |
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Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493197005385

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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 www.irs.gov/form990.

Name of the organization **Employer identification number** CENTER FOR SECURITY POLICY INC 52-1601976 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -_ Number of states where property subject to conservation easement is located ▶_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Par | TIL Organizations Maintaining Col | lections of Art | <u>, HIS</u> | tori | cai | reasui | res, or Oti | ner: | <u>Similar Asse</u> | ets (con | tinued) |
|-----|--|-----------------------|--------------|----------------|---------|-----------------------|-------------------------------|----------------|------------------------------|--------------------|----------|
| 3 | Using the organization's acquisition, accessi collection items (check all that apply) | on, and other recor | ds, ch | neck — | | | - | | gnıfıcant use o | fits | |
| а | Public exhibition | | d | Г | Loa | n or exch | ange progra | ms | | | |
| b | Scholarly research | | e | Γ | O th | er | | | | | |
| c | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIII | llections and expla | ın hov | w the | y furt | her the o | rganızatıon's | exen | npt purpose in | | |
| 5 | During the year, did the organization solicit o assets to be sold to raise funds rather than to | o be maintained as | part c | of the | orga | nızatıon's | collection? | | Γ | Yes | □ No |
| Pai | Part IV, line 9, or reported an am | | | | | | answered | "Yes | " to Form 99 | 0, | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ian or other interme | diary | ford | ontril | outions o | rotherasse | ts not | : | Yes | □ No |
| b | If "Yes," explain the arrangement in Part XII | I and complete the | follov | ving | able | | | | | | |
| | | | | | | | | | Amo | unt | |
| С | Beginning balance | | | | | | 1 | c | | | |
| d | Additions during the year | | | | | | 1 | d | | | |
| е | Distributions during the year | | | | | | 1 | e | | | |
| f | Ending balance | | | | | | 1 | f | | | |
| 2a | Did the organization include an amount on Fo | rm 990, Part X, line | 21, | for e | scrow | orcusto | dıal account | lıabıl | lity? | Yes | No No |
| b | If "Yes," explain the arrangement in Part XII | I Check here if the | expla | anatı | on ha | s been pr | ovided in Pa | rt XI | II | | |
| Pa | rt V Endowment Funds. Complete | | | | | _ | | | | | |
| | | (a)Current year | (b) |) Prior | year | b (c) ™ | o years back | (d) Thr | ee years back (| e) Four yea | ars back |
| 1a | Beginning of year balance | | | | | + | | | | | |
| b | Contributions | | | | | + | | | | | |
| С | 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 curr | ent year end baland | e (lın | e 1g | , colu | mn (a)) h | eld as | | | | |
| а | Board designated or quasi-endowment 🕨 | | | | | | | | | | |
| b | Permanent endowment ► | | | | | | | | | | |
| C | Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show | ıld equal 100% | | | | | | | | | |
| За | Are there endowment funds not in the posses organization by | _ | | | are he | eld and ac | dministered | for the | e | Yes | No |
| | (i) unrelated organizations | | | | • | | | | 3a(i) | - | |
| b | (ii) related organizations If "Yes" to 3a(ii), are the related organization | ns listed as required | d on S | che | dule R | | | | 3a(ii) | | |
| 4 | Describe in Part XIII the intended uses of th | | | | | | | | | | |
| Pai | t VI Land, Buildings, and Equipme 11a. See Form 990, Part X, line 1 | | he o | rgar | nzati | on answ | ered 'Yes' | to Fo | orm 990, Part | : IV, lin | е |
| | Description of property | | | | | or other vestment) | (b)Cost or ot basis (other | | (c) Accumulated depreciation | (d) Boo | ok value |
| 1 2 | Land | | | + | | | - | + | | + | |
| | | | | \vdash | | | | | | + | |
| | Buildings | | • | \vdash | | | | - | | | |
| | Leasehold improvements | | • | \vdash | | | 155, | 770 | 112,37 | 7 | 42,693 |
| | Other | | | \vdash | | | 155, | 570 | 112,37 | <u>'</u> | 42,093 |
| | II. Add lines 1a through 1e (Column (d) must ea | | | ımn (| B), lın | e 10(c).) | | | | + | 42,693 |
| | . , , , | , | | | | . , , | | | Schedule D (| Form 99 | |

| Part VII Investments—Other Securities. Co | mplete if the organizatio | n answered 'Yes' to Form 990, Part IV, line 11b. |
|--|--------------------------------|---|
| See Form 990, Part X, line 12. (a) Description of security or category | (b)Book value | (c) Method of valuation |
| (including name of security) | | Cost or end-of-year market value |
| (1)Financial derivatives | | |
| (2)Closely-held equity interests Other | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | F | |
| Part VIII Investments—Program Related. C | omplete if the organizati | on 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 |
| (a) Description of investment | (b) Book value | Cost or end-of-year market value |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | F | |
| | | 90, Part IV, line 11d See Form 990, Part X, line 15 |
| (a) Desc | ription | (b) Book value |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line | | |
| Part X Other Liabilities. Complete if the org Form 990, Part X, line 25. | anization answered 'Yes' | to Form 990, Part IV, line 11e or 11f. See |
| 1 (a) Description of liability | (b) Book value | |
| Federal income taxes | <u> </u> | - |
| redetal meome taxes | | - |
| | | - |
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| | | 7 |
| Total (Column (h) must agual Form 000, Part V, col (P) long 25.) | | - |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | to the toyt of the feetness to | the example tipened that reports the |

| Par | | evenue per Audited Financial Stat vered 'Yes' to Form 990, Part IV, line 1 | | nts With Revenue | per R | eturn Complete If |
|------|--|---|---------------|--|---------------|-----------------------------------|
| 1 | _ | er support per audited financial statements | | | 1 | 2,081,532 |
| 2 | A mounts included on line 1 bu | it not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) | · | 2a | | | |
| b | Donated services and use of f | acılıtıes | 2b | | 1 | |
| c | Recoveries of prior year grant | S | 2c | | | |
| d | Other (Describe in Part XIII) | | 2d | | 1 | |
| e | Add lines 2a through 2d . | | | | 2e | 0 |
| 3 | Subtract line 2e from line 1 . | | | | 3 | 2,081,532 |
| 4 | Amounts included on Form 99 | 0, Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not incl | uded on Form 990, Part VIII, line 7b . | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | 1 | |
| С | Add lines 4a and 4b | | | | 4c | 0 |
| 5 | Total revenue Add lines 3 and | d 4c. (This must equal Form 990, Part I, line | 12) | | 5 | 2,081,532 |
| Par | | xpenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line | | | s per | Return. Complete |
| 1 | | r audited financial statements | | | 1 | 3,503,654 |
| 2 | A mounts included on line 1 bu | it not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of f | acılıtıes | 2a | | | |
| b | Prior year adjustments | | 2b | | 1 | |
| С | Otherlosses | | 2c | | 1 | |
| d | Other (Describe in Part XIII) | | 2d | | 7 | |
| e | Add lines 2a through 2d | | | | 2e | 0 |
| 3 | Subtract line ${f 2e}$ from line ${f 1}$. | | | | 3 | 3,503,654 |
| 4 | Amounts included on Form 99 | 0, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not incl | uded on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII) | | 4b | | | |
| c | Add lines 4a and 4b | | | | 4c | 0 |
| 5 | Total expenses Add lines 3 a | nd 4c. (This must equal Form 990, Part I, lin | e 18) | | 5 | 3,503,654 |
| Par | XIII Supplemental Int | formation | | | | |
| Part | | Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and | | | | de any additional |
| | Return Reference | Explanation | | | | |
| PART | X, LINE 2 | THE ORGANIZATION'S MANAGEMENT HORGANIZATION, AND HAS CONCLUDED UNCERTAIN TAX POSITIONS TAKEN OF RECOGNITION OF A LIABILITY (OR ASSTATEMENTS | THAT REXPE | T AS OF DECEMBER 3 CTED TO BE TAKEN | 1,201 THAT | L4, THERE ARE NO WOULD REQUIRE |
| | | | | | | |

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|------------------------------------|----------------|----------------|
| Part XIII Supplemental Information | on (continued) | |
| Return Reference | Explanation | |
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Schedule D (Form 990) 2014

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DLN: 93493197005385

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Compensation Information

Open to Public Inspection

Name of the organization CENTER FOR SECURITY POLICY INC **Employer identification number**

52-1601976

| Pa | rt I Questions Regarding Compensation | 1 | | | | |
|----|--|----------|---|----|-----|----|
| | | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided Part VII, Section A, line 1a Complete Part III | | | | | |
| | First-class or charter travel | Γ | Housing allowance or residence for personal use | | | |
| | Travel for companions | \sqcap | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | Г | Health or social club dues or initiation fees | | | |
| | Discretionary spending account | Г | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the orgenishment or provision of all of the expenses de | | | 1b | | |
| 2 | Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec | | | 2 | | |
| | | | | | | |
| 3 | Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all th used by a related organization to establish compens | at appl | y Do not check any boxes for methods | | | |
| | Compensation committee | Γ | Written employment contract | | | |
| | ☐ Independent compensation consultant | \sqcap | Compensation survey or study | | | |
| | Form 990 of other organizations | <u> </u> | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, For a related organization | Part VII | I, Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control | paymer | nt? | 4a | | Νo |
| b | Participate in, or receive payment from, a supplement | ntal non | qualified retirement plan? | 4b | | Νo |
| С | Participate in, or receive payment from, an equity-ba | | | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and pro | ovide th | ne applicable amounts for each item in Part III | | | |
| | Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat | ions m | ust complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, compensation contingent on the revenues of | | - | | | |
| а | The organization? | | | 5a | | No |
| ь | Any related organization? | | | 5b | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, compensation contingent on the net earnings of | lıne 1a | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | No |
| b | Any related organization? | | | 6b | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d | | | 7 | | No |
| 8 | Were any amounts reported in Form 990, Part VII, p | aıd or a | accured pursuant to a contract that was | | | |
| | subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe | | | | | |
| | ın Part III | | | 8 | | Νo |
| 9 | If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$? | rebutt | able presumption procedure described in Regulations | 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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

| (A) Name and Title | | (B) Breakdown of | f W-2 and/or 1099-MIS | C compensation | (C) Retirement and | (D) Nontaxable benefits | (E) Total of columns (B)(I)-(D) | (F) Compensation in | |
|--|-------------|--------------------------|---|---|--------------------------------|-----------------------------------|------------------------------------|--|--|
| | | (i) Base compensation | (ii) Bonus & ıncentive compensation | (iii) Other reportable compensation | other deferred compensation | | | column(B) reported as deferred in prior Form 990 | |
| 1 FRANK J GAFFNEY JR, PRESIDENT & CEO | (i) | 274,163 | 0 | 0 | 13,915 | 20,010 | 308,088 | 0 | |
| TRESIDENT & CEO | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2 WILLIAM J PHILBIN, SENIOR VP FOR OPERATIONS | (i) (ii) | 163,172 | 0 | 0 | 8,150 | 1,230 | 172,552 | 0 | |
| SENION WITTON OF ENATIONS | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |

Schedule J (Form 990) 2014

Part III Supplemental Information

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

Return Reference Explanation

Schedule J (Form 990) 2014

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SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

structures

Inspection Name of the organization **Employer identification number** CENTER FOR SECURITY POLICY INC. 52-1601976 Part I Types of Property (a) (b) (c) (d) Check Number of contributions Noncash contribution Method of determining ıf or items contributed amounts reported on noncash contribution amounts Form 990, Part VIII. applicable line 1 g 1 Art—Works of art 2 Art—Historical treasures . 3 Art—Fractional interests . . 4 Books and publications . . Clothing and household Cars and other vehicles . . Boats and planes Intellectual property . . . 9 Securities—Publicly traded . 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Oualified conservation contribution—Historic

| 14 | Qualified conservation contribution—Other | | |
|-----------|---|--|--|
| 15 | Real estate—Residential . | | |
| 16 | Real estate—Commercial | | |
| 17 | Real estate—Other | | |
| 18 | Collectibles | | |
| 19 | Food inventory | | |
| 20 | Drugs and medical supplies . | | |
| 21 | Taxıdermy | | |
| 22 | Historical artifacts | | |

23 Scientific specimens . . 24 Archeological artifacts . . . **25** Other ▶ (100,460 FAIR MARKET VALUE LEGAL SERVICE) **26** Other ►(_____

27 Other ▶(__ 28 Other ► (_ Number of Forms 8283 received by the organization during the tax year for contributions

29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . .

| | | | Yes | No |
|-----|--|-----|-----|-----|
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that | | | |
| | it must hold for at least three years from the date of the initial contribution, and which is not required to be used | | | |
| | for exempt purposes for the entire holding period? | 30a | | Νo |
| b | If "Yes," describe the arrangement in Part II | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | | Νo |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | No |
| | If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | 524 | | 110 |

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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DLN: 93493197005385

OMB No 1545-0047

2014

Open to Public Inspection

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.

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

Name of the organization CENTER FOR SECURITY POLICY INC

Employer identification number

52-1601976

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11 | ELECTRONIC REVIEW CONDUCTED |
| FORM 990, PART VI, SECTION B, LINE 12C | WRITTEN CONFLICTS OF INTEREST ARE COLLECTED AS THEY ARISE AND ARE REVIEWED |
| FORM 990, PART VI, SECTION B, LINE 15A | PRESIDENT'S COMPENSATION REVIEWED AND APPROVED BY GOVERNING BODY |
| FORM 990, PART VI, SECTION C, LINE 19 | PROVIDED UPON REQUEST |
| FORM 990, PART XII, LINE S | THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR |