### \*\* PUBLIC DISCLOSURE COPY \*\*

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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public Inspection

Counter of content   Counter of content   Counter of counter   Counter of counter   Counter of counter   Counter of counter   Counter of counter of counter   Counter   Counter of counter   Coun	Α	For the	2011 calendar year, or tax year beginning and endin	g		
NON-PROLIPERATION   04-2693322   04-2693322   Number and street for P.D. box frmal is not delivered to street address)   Recombatts   22 4 TH STREET, NE   2 (202) 546-0795   322 4 TH STREET, NE   2 (202) 546-0795   322 4 TH STREET, NE   2 (202) 546-0795   334, 291.   13	В	Check if applicable			D Employer identifie	cation number
Debtor Business As		Addres	S NON-DROLLER DATION			
Number and street (or P.0. box (if mall is not delivered to street address)   Scale   E Telephone number   C(202)546-0795	H	□Name			04-2	603322
	H	∏Initial		/ouito		
The service of the s		Termin ated	322 4TH STREET, NE	Suite		)546-0795
Final production   Final prod	L	Ireturn	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,834,291.
Finame and address of principal officer/J OHIN TSAACS		⊥ltiòn	WASHINGTON, DC 20002-3624		H(a) Is this a group re	eturn
Tax-exempt status:		pendin	F Name and address of principal officer: JOHN ISAACS		for affiliates?	Yes X No
J Webste: ► WWW - ARMSCONTROLCENTER - ORG   Form of organization: X   Corporation   Trust   Association   Other   L Year of formation: 1980   M State of legal demicile; DC					H(b) Are all affiliates inc	luded? Yes No
Part   Summary   1   Summary				527	If "No," attach a	list. (see instructions)
Briefly describe the organization's mission or most significant activities: SEE PART III, LINE 1.						
Briefly describe the organization's mission or most significant activities:    Check this box				Year c	of formation: $1980$ N	A State of legal domicile: DC
2 Check this box	Pi					
Notifice in independent viting fine interest to the governing pendents of the governing pendents pendents of the governing pendents of the govern	ø	1 1	Briefly describe the organization's mission or most significant activities: ${ t SEE \ \ PAR'}$	r I	II, LINE 1.	
Notifice in independent viting fine interest to the governing pendents of the governing pendents pendents of the governing pendents of the govern	auc	.				
Notified individuals employed in calendar year 2011 (Part V, line 2a)	ern	1	· · · · · · · · · · · · · · · · · · ·		1 1	
Notified individuals employed in calendar year 2011 (Part V, line 2a)	Š					
Solution	æ					
Solution	ies					
Solution	₹					
8 Contributions and grants (Part VIII, line 1h) 593, 030. 931, 942. 0. 0. 0. 10 Investment incrome (Part VIII, column (A), lines 3, 4, and 7d) 31, 642. 44, 614. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 31, 642. 44, 614. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 720, 569. 1, 051, 819. 13 Grants and similar amounts paid (Part IX, column (A), lines 14) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 4) 0. 0. 0. 0. 16 Professional fundraising lees (Part IX, column (A), lines 19) 522, 905. 520, 062. 17 Other expenses (Part IX, column (A), line 19) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Act					
Secontributions and grants (Part VIII, line 1h)   593,030. 931,942.   9 Program service revenue (Part VIII, line 2g)   0. 0. 0.   0.   10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)   31,642. 44,614.   11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   95,897. 75,263.   12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   720,569. 1,051,819.   0.   0.   0.   14 Benefits paid to or for members (Part IX, column (A), lines 4)   0.   0.   0.   0.   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   522,905. 520,062.   16 Professional fundraising fees (Part IX, column (A), line 1e)   0.   0.   0.   0.   0.   0.   0.   0		b	Net unrelated business taxable income from Form 990-T, line 34		7b	
9						
1	ē					
1	ēn		-		-	
1	æ	1				
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0 .		11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>		
14   Benefits paid to or for members (Part IX, column (A), line 4)   5.   5.   5.   5.   5.   5.   5.   5		-				
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   522,905.   520,062.					-	
16a Professional fundraising fees (Part IX, column (A), line 11e)   0 .					-	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  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  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  3, 242, 922. 3, 218, 018.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer  Use Only  Phone no. (301) 951-9090	es	15				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  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  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  3, 242, 922. 3, 218, 018.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer  Use Only  Phone no. (301) 951-9090	ens	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  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  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  3, 242, 922. 3, 218, 018.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Print/Type preparer's name  Preparer  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer  Use Only  Phone no. (301) 951-9090	Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25)		F.C.F. 701	410 470
19   Revenue less expenses. Subtract line 18 from line 12	_	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current Year   End of Year   3,242,922   3,218,018   21   Total labilities (Part X, line 16)   241,373   221,367   22   Net assets or fund balances. Subtract line 21 from line 20   3,001,549   2,996,651   2,				-		938,534.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JOHN ISAACS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  Preparer  Preparer's signature  Date  Check PTIN  if self-employed  Firm's name GELMAN, ROSENBERG & FREEDMAN  Firm's address A550 MONTGOMERY AVE SUITE 650N  BETHESDA, MD 20814-2930  Phone no. (301) 951-9090		19	Revenue less expenses. Subtract line 18 from line 12	+_		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JOHN ISAACS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  Preparer  Preparer's signature  Date  Check PTIN  if self-employed  Firm's name GELMAN, ROSENBERG & FREEDMAN  Firm's address A550 MONTGOMERY AVE SUITE 650N  BETHESDA, MD 20814-2930  Phone no. (301) 951-9090	ts or			Red		
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JOHN ISAACS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  Preparer  Firm's name  GELMAN, ROSENBERG & FREEDMAN  Firm's EIN  Firm's EIN  52-1392008  Phone no. (301) 951-9090		art II			3,001,349.	2,990,031.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  JOHN ISAACS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  Preparer Use Only  Firm's name  GELMAN, ROSENBERG & FREEDMAN Firm's EIN  Firm's EIN  Firm's EIN  Firm's EIN  Firm's EIN  Phone no. (301) 951-9090	_			tatama	ante and to the heet of m	v knowledge and helief it is
Sign Here  JOHN ISAACS, EXECUTIVE DIRECTOR Type or print name and title  Print/Type preparer's name  Preparer Use Only  Firm's address  A 550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930  Date  Check PTIN Firm's EIN 52-1392008  Phone no. (301) 951-9090						y Kilowieuge allu bellet, it is
Here  JOHN ISAACS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN  Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N  BETHESDA, MD 20814-2930  Phone no. (301) 951-9090	uuu	, сопес	, and complete. Declaration of preparet (other than officer) is based on all information of which pro	spai ti	lias any knowledge.	
Here  JOHN ISAACS, EXECUTIVE DIRECTOR  Type or print name and title  Print/Type preparer's name  Preparer Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN  Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N  BETHESDA, MD 20814-2930  Phone no. (301) 951-9090	ei.	_	Signature of officer		Date	
Type or print name and title  Print/Type preparer's name  Preparer  Firm's name  GELMAN, ROSENBERG & FREEDMAN  Firm's address  4550 MONTGOMERY AVE SUITE 650N  BETHESDA, MD 20814-2930  Proparer  Preparer's signature  Date  Check If Self-employed  Firm's EIN 52-1392008  Phone no. (301) 951-9090			,			
Paid Preparer Use Only Firm's address A550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930  Proparer Prim's proparer Signature    Firm's name	пе					
Paid Preparer Use Only Firm's address A550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930  Proparer Prim's proparer Signature    Firm's name			· · · · · · · · · · · · · · · · · · ·	ΙD	ate Check	II PTIN
Preparer Use Only Firm's name ► GELMAN, ROSENBERG & FREEDMAN Firm's EIN ► 52-1392008  BETHESDA, MD 20814-2930 Phone no. (301) 951-9090	Pai	<sub>d</sub>	Tropard 3 signature		if	
Use Only Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301) 951-9090			Firm's name CELMAN ROSENBERG & FREEDMAN			
BETHESDA, MD 20814-2930 Phone no. (301) 951-9090					THIIISLIN	<u> </u>
	550	· •,			Phone no (	301) 951-9090
	Ma	v the IC	•		I none no. (	

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:  A NON-PROFIT, NON-PARTISAN RESEARCH ORGANIZATION DEDICATED TO
	ENHANCING INTERNATIONAL PEACE AND SECURITY IN THE 21ST CENTURY,
	THEREBY RETAINING ITS FOCUS ON NUCLEAR WEAPONS BUT EXPANDING TO
	INCLUDE OTHER PRESENT EMERGING SECURITY THREATS.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 334,416 • including grants of \$ ) (Revenue \$ )
	NON-PROLIFERATION: THE GOAL OF THE CENTER FOR ARMS CONTROL AND
	NON-PROLIFERATION'S PROGRAM ON NON-PROLIFERATION IS TO ENCOURAGE THE
	UNITED STATES CONGRESS TO RECOGNIZE THE SPREAD OF WEAPONS OF MASS
	DESTRUCTION AS THE GREATEST THREAT TO THE SECURITY OF THE UNITED STATES
	AND TO ENACT LEGISLATION TO STEM THIS PROLIFERATION.
	FIVE NON-PROLIFERATION ISSUES ON WHICH WE ARE FOCUSING:
	- STRENGTHENING "GLOBAL CLEAN OUT" EFFORTS TO COLLECT AND SECURE
	FISSILE MATERIALS THROUGHOUT THE WORLD, INCLUDING IN RUSSIA,
	- PREVENTING NUCLEAR TERRORISM,
	- NUCLEAR DISARMARMENT US,
	- THE GROWING CRISIS OVER IRAN'S NUCLEAR AMBITIONS, AND
	- STOPPING EFFORTS TO FUND PROGRAMS THAT REPROCESS SPENT NUCLEAR FUEL.
4b	(Code: ) (Expenses \$ 121,303. including grants of \$ ) (Revenue \$ )
	NATIONAL SECURITY - SINCE THE ATTACKS OF SEPT. 11, 2001, THE DEFENSE DEPARTMENT BUDGET HAS NEARLY DOUBLED. HAVING THIS READY SPIGOT OF MONEY
	"HASN'T FORCED US TO MAKE THE HARD CHOICES," ACCORDING TO ADMIRAL
	MULLEN, FORMER CHAIRMAN OF THE JOINT CHIEFS OF STAFF, "IT HASN'T FORCED
	US TO PRIORITIZE." NOW, AS THE WARS BEGIN TO WIND DOWN, THE CENTER FOR
	ARMS CONTROL'S NATIONAL SECURITY STRATEGY PROGRAM SEEKS TO ENCOURAGE
	REALIGNMENT OF OUR DEFENSE STRATEGY, REBALANCING OF THE FORCE AND
	INVESTMENT IN SYSTEMS THAT MATCH OUR MISSIONS. AS LAWMAKERS CONTEMPLATE
	FUTURE SPENDING REDUCTIONS, A BROADER SHIFT IN DEFENSE STRATEGY WILL
	PRODUCE MORE MEANINGFUL SAVINGS AT A LOWER RISK TO OUR MEN AND WOMEN IN
	UNIFORM.
4c	(Code: ) (Expenses \$ 122,134 • including grants of \$ ) (Revenue \$
	NUCLEAR WEAPONS: THIS PROJECT SEEKS TO TRANSLATE POLICY ALTERNATIVES
	INTO PRACTICAL TERMS FOR THE PRESS, THE PUBLIC AND POLICY MAKERS
	THROUGH THE PUBLICATION OF CLEAR, CONCISE MATERIALS, WORKING WITH THE
	MEDIA, BRIEFINGS AND COALITION EFFORTS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 134,214 • including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 712,067.

132002 02-09-12

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		
9	Did the organization report an amount in Part X, line 21; 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	-10		
••	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	Х	
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		X
С	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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Х	
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, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			7.7
_	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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#### CENTER FOR ARMS CONTROL AND NON-PROLIFERATION

Form 990 (2011) NON-PROLIFERATION

Part IV Checklist of Required Schedules (continued)

	(and a second			
04	Did the examination report more than \$5,000 of grants and other assistance to any apparament or examination in the		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3) and 501(c)(4) 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		х
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			37
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		Х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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		Х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		_ v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

#### CENTER FOR ARMS CONTROL AND NON-PROLIFERATION

Form 990 (2011)

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 13 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Х 1c 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible? 6a **b** If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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? Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с X 7е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/Aorganization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? N/A 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...... N/A... | 12b Section 501(c)(29) qualified nonprofit health insurance issuers.  ${f a}$  Is the organization licensed to issue qualified health plans in more than one state?  ${f N/A}$ 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c

Form **990** (2011)

14a

14b

X

**14a** Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O ......

Form 990 (2011)

04-2693322

Page 6

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	ıvailab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:		
	MARIE GARVIN - (202)546-0795			
	322 4TH STREET, NE, WASHINGTON, DC 20002-5824			

01-23-12

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN ISAACS	40.00	7.		77				E1 2E1	0	1 221
(2) ROBERT GARD (SEE SCHEDULE O)	40.00	Х		Х				51,351.	0.	1,221.
CHAIRMAN	40.00	х		Х				67,000.	0.	0.
(3) GENE POKORNY										
PRESIDENT	3.00	Х		Х				0.	0.	0.
(4) LAURIE T. DEWEY										
VICE PRESIDENT	3.00	Х		Х				0.	0.	0.
(5) PAUL CASTLEMAN										
SECRETARY/TREASURER	3.00	Х		Х				0.	0.	0.
(6) LINCOLN DAY									_	
BOARD MEMBER	3.00	Х						0.	0.	0.
(7) PETER GALBRAITH	2 00								0	_
BOARD MEMBER	3.00	Х						0.	0.	0.
(8) ROY J. GLAUBER BOARD MEMBER	3.00	x						0.	0.	0.
(9) JEROME GROSSMAN	3.00	₽						0.	0.	· ·
BOARD MEMBER	3.00	x						0.	0.	0.
(10) SHARON SQUASSONI	3.00								•	
BOARD MEMBER	3.00	x						0.	0.	0.
(11) ALEX TOMA										
BOARD MEMBER	3.00	Х						0.	0.	0.
		_	$\vdash$							
	1	<u> </u>			L	<u> </u>				- 000

#### CENTER FOR ARMS CONTROL AND NON-PROLIFERATION

Form 990 (2011)

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Part VII Section A. Officers, Directors, Tre		mple I	oyee			High	est					<b>(F</b> )	
(A)	(B)			Posi	,	,		(D)	(E)		_	(F)	
Name and title	Average hours per	Position (do not check more than one box, unless person is both an						Reportable	Reportable			timate	
	week	offi	, unie cer ar	ss pei id a di	rson irecto	or/trus	n an tee)	compensation from	compensation from related			nount other	OI
	(describe	tor						the	organization		1	pensa	tion
	hours for	or director				pa		organization	(W-2/1099-MI			om the	
	related	tee	ustee			ensat		(W-2/1099-MISC)			org	anizat	ion
	organizations	al trus	nal tr		loyee	comp					1	d relat	
	in Schedule O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
O)													
						Ļ		118,351.		0.		1,2	21
1b Sub-total								0.		0.		1,4	0.
c Total from continuation sheets to Part V								118,351.		0.		1,2	
d Total (add lines 1b and 1c)							20 5		000 of roportoh	_		1,4	
compensation from the organization	iot iiriited to tr	iose	IISLE	eu ai	JOVE	e) wi	10 10	eceived more than \$100	,000 or reportat	ne			(
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer.	director, or tru	uste	e. ke	v en	nplo	vee.	or	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J for s				-		-		g	•		3		Х
4 For any individual listed on line 1a, is the si													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		Х
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services	3			
rendered to the organization? If "Yes," con	plete Schedul	e J t	or s	uch <sub>I</sub>	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co the organization. Report compensation for	=	-								npens	sation f	rom	
(A)				- · · · ·				(B)	,		(C	;)	
Name and business	address	N	INC	3				Description of s	services	C	Compe		n
2 Total number of independent contractors (		ot li	mite	d to		_	stec	d above) who received n	nore than				
\$100,000 of compensation from the organ	zation >				(	0					Form		

Total revenue   Registed or exempt function   Registed or exempt	Pa	rt VII	Statement of Rever	nue					
Business Code   Business Cod							Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512,
Susiness Code   Susiness Cod	nts Its	1 a	Federated campaigns	1a					
Susiness Code   Susiness Cod	lg ä								
Susiness Code   Susiness Cod	A's,								
Susiness Code   Susiness Cod	業温								
Susiness Code   Susiness Cod	S,								
Susiness Code   Susiness Cod	Sign		•						
Susiness Code   Susiness Cod	je Ei	'			931 942				
Susiness Code   Susiness Cod	흥히				751,742.				
Susiness Code   Susiness Cod	55	_				031 042			
2 a b   b   c   c   c   c   c   c   c   c	9 0	n	I otal. Add lines 1a-1f			931,942.			
Total, Add lines 2a2f	_				Business Code				
Total, Add lines 2a2f	je	2 a							
Total, Add lines 2a2f	e e	b							
Total, Add lines 2a2f	n S	С							
Total, Add lines 2a2f	Şã	d							
Total, Add lines 2a2f	5	е							
3	۱ ۵	f	All other program service reve	nue					
Other similar amounts		g	Total. Add lines 2a-2f						
1		3	Investment income (including	dividends, intere	est, and				
1			other similar amounts)		▶	25,356.			25,356.
(i) Personal   72,531.		4							
(i) Personal   72,531.		5	Royalties		▶				
D				(i) Real					
Description		6 a	Gross rents	72,531.					
C Rental income or (loss)		b		0.					
Table   Tabl				72,531.					
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses C Gain or (loss) 782472. c Gain or (loss) 782472. c Gain or (loss) 782472. d Net gain or (loss) 782472. s a Gross income from fundraising events (not including \$			. ,		<u> </u>	72.531.			72.531.
assets other than inventory b Less: cost or other basis and sales expenses						,			,
b Less: cost or other basis and sales expenses		, a		801730	(ii) Other				
and sales expenses		h	•	002700					
19,258.   19,2		b		782472					
d Net gain or (loss)		_							
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities						19 258			19 258
including \$ of contributions reported on line 1c). See Part IV, line 18					·····	17,250.			15,250.
c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS 900099 2,732.  4 All other revenue e Total. Add lines 11a-11d 2,732.  12 Total revenue. See instructions.  10 a Gross sales of inventory  All other revenue e Total. See instructions.  10 a Gross sales of inventory  All other revenue e Total. See instructions.  10 a Gross sales of inventory  All other revenue e Total. See instructions.  10 a Gross sales of inventory  All other revenue e Total. See instructions.  10 a Gross sales of inventory  All other revenue e Total revenue. See instructions.  10 a Gross sales of inventory  All other revenue  11 a MISCELLANEOUS 12 a Gross sales of inventory  2,732.  13 a Gross sales of inventory  14 a MISCELLANEOUS 15 a Gross sales of inventory  2,732.  15 a Gross sales of inventory  2,732.  16 a Gross sales of inventory, less returns  2,732.  3 a Gross sales of inventory  4 a Gross sales of inventory, less returns  5 a Gross sales of inventory less returns  6 a Gross sales of inventory less returns  6 a Gross sales of inventory less returns  7 a Gross sales of inventory less returns  8 a Gross sales of inventory less returns  9 a Gross sales of inventory less returns  10 a Gross sales of inventory less returns  10 a Gross sales of inventory less returns  10	e l	8 a							
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c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS 900099 2,732.  b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions.  132009	ĕ								
9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS 900099 2,732.  b c d All other revenue e Total. Add lines 11a-11d  > 2,732.  12 Total revenue. See instructions.    132009	₹								
Part IV, line 19					<b>&gt;</b>				
b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS 900099 2,732. 2,732. b C All other revenue e Total. Add lines 11a-11d		9 a							
c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11 a MISCELLANEOUS 900099 2,732.  2,732.  4 All other revenue  Total. Add lines 11a-11d  Total revenue. See instructions.  10 Total revenue. See instructions.			Part IV, line 19	a					
10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code  11 a MISCELLANEOUS 900099 2,732. 2,732. 2,732. b c c d All other revenue e Total. Add lines 11a-11d  2,732. 1051819. 0. 0. 119,877.		b	Less: direct expenses	b					
and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code  11 a MISCELLANEOUS 900099 2,732. 2,732.  b C d All other revenue e Total. Add lines 11a-11d  2,732.  12 Total revenue. See instructions. 1051819. 0. 0. 119,877.		С	Net income or (loss) from gam	ning activities					
b Less: cost of goods sold b c Net income or (loss) from sales of inventory		10 a	Gross sales of inventory, less	returns					
b Less: cost of goods sold b c Net income or (loss) from sales of inventory			and allowances	а					
Miscellaneous Revenue       Business Code         11 a MISCELLANEOUS       900099       2,732.       2,732.         b c d All other revenue       2,732.       2,732.         e Total. Add lines 11a-11d 12 Total revenue. See instructions.       > 2,732.       0. 0. 119,877.		b							
Miscellaneous Revenue       Business Code         11 a MISCELLANEOUS       900099       2,732.       2,732.         b c d All other revenue       2,732.       2,732.         e Total. Add lines 11a-11d 12 Total revenue. See instructions.       > 2,732.       0. 0. 119,877.		С	Net income or (loss) from sale	s of inventory					
11 a MISCELLANEOUS 900099 2,732. 2,73	Ī								
b	İ	11 a		-		2,732.			2,732.
c       d All other revenue         e       Total. Add lines 11a-11d         12       Total revenue. See instructions.             132009             132009									,
d All other revenue  e Total. Add lines 11a-11d  12 Total revenue. See instructions.  ▶ 1051819.  1 0									
e Total. Add lines 11a-11d  12 Total revenue. See instructions.  1051819.  1051819.  1051819.  1051819.									
12       Total revenue. See instructions.       ▶       1051819.       0.       0.       119,877.						2.732.			
132009							0	Ω	119 877
	13200	9	TOTAL TOTOMAGE OUT MISH WOUNTS.		<b>~</b>	- O - O - O - O - O - O - O - O - O - O	<u></u>	<u> </u>	

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

com	plete columns (B), (C), and (D).				
	Check if Schedule O contains a respons	se to any question in thi			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	440 550	106 100	- 0	<b>-</b> 006
	trustees, and key employees	119,572.	106,429.	5,257.	7,886.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 752	0.61 0.07	20 040	20 514
7	Other salaries and wages	329,753.	261,297.	29,942.	38,514.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	25 274	21 105	1 200	2 200
9	Other employee benefits	35,374. 35,363.	31,185. 29,140.	1,380.	2,809. 2,987.
10	Payroll taxes	35,363.	29,140.	3,236.	2,987.
11	Fees for services (non-employees):				
	Management	87.		87.	
	Legal		14 540	2,908.	2,908.
C	Accounting	20,356. 9,375.	14,540. 9,375.	2,900.	2,900.
d	Lobbying	9,3/3.	9,313.		
e	Professional fundraising services. See Part IV, line 17				
Ţ	Investment management fees	102,511.	99,152.	3,359.	
g		401.	99,134.	401.	
12	Advertising and promotion	68,275.	35,536.	25,730.	7,009.
13	Office expenses	47,283.	33,959.	6,533.	6,791.
14	Information technology	47,203.	33,333.	0,333.	0,751.
15	Royalties				
16 17	Occupancy	24,547.	21,888.	1,840.	819.
17 18	Payments of travel or entertainment expenses	21/31/4	21,0001	1,0101	0191
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,552.		1,281.	271.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	47,362.		47,362.	
23	Insurance	10,247.	7,319.	1,464.	1,464.
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	TAXES	28,438.	28,438.		
b	MISCELLANEOUS	24,232.	16,247.	4,900.	3,085.
С	REPAIRS/MAINTENANCE	15,650.	10,545.	3,002.	2,103.
d	DUES & SUBSCRIPTIONS	8,603.		8,603.	
е	All other expenses	9,553.	7,017.	2,536.	
25	Total functional expenses. Add lines 1 through 24e	938,534.	712,067.	149,821.	76,646.
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)				
13201	0 01-23-12	· · · · · · · · · · · · · · · · · · ·			Form <b>990</b> (2011)

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			58,166.	1	224,000.
	2	Savings and temporary cash investments			226,342.	2	227,495.
	3	Pledges and grants receivable, net			158,101.	3	195,180.
	4	Accounts receivable, net			8,857.	4	50,313.
	5	Receivables from current and former officers, di			3,33	_	00,020
		employees, and highest compensated employe		· •			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instru				6	
şţ	7	Notes and loans receivable, net		T-		7	
Assets	8					8	
⋖	9	Inventories for sale or use Prepaid expenses and deferred charges			686.	9	15,600.
	1	Land, buildings, and equipment: cost or other	 I I		0001	9	1370001
	lua	basis. Complete Part VI of Schedule D	100	1 908 383			
	۱	Loggi acquirulated depresiation	10a	466,547.	1,486,217.	10c	1,441,836.
		1			1,304,553.	11	1,063,594.
	11   12	Investments - publicly traded securities			1,301,333.	12	1,003,354.
	13	Investments - other securities. See Part IV, line  Investments - program-related. See Part IV, line				13	
	14			14			
	15	Intangible assets Other assets See Part IV line 11			15		
	16	Other assets. See Part IV, line 11		3,242,922.	16	3,218,018.	
	17	Total assets. Add lines 1 through 15 (must equ			25,207.	17	15,642.
	18	Accounts payable and accrued expenses			23,207.	18	13,012.
	19	Grants payable		19			
	20	Deferred revenue				20	
"	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, director				21	
Ξ	22	highest compensated employees, and disqualifi		· · · · · · · · · · · · · · · · · · ·			
Ë		(0.1.1.1.1	•	·		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa		The state of the s		27	
	23	parties, and other liabilities not included on lines	•				
		O - Is Is Is D			216,166.	25	205,725.
	26	Total liabilities. Add lines 17 through 25			241,373.	26	221,367.
	20	Organizations that follow SFAS 117, check he			212,0.00	20	222/3071
S		lines 27 through 29, and lines 33 and 34.		and complete			
Ç	27	Unrestricted net assets			1,794,767.	27	1,961,710.
alar	28	Temporarily restricted net assets			354,448.	28	223,944.
Ä	29				852,334.	29	810,997.
Ĕ	23	Organizations that do not follow SFAS 117, c		ere Dand	002,0010	LJ	020/33/1
F		complete lines 30 through 34.	IICCK II	ere 🕨 🗀 and			
ţ	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		T-		32	
Ne	33	Total net assets or fund balances		-	3,001,549.	33	2,996,651.
	1				3,242,922.	34	3,218,018.
	34	Total liabilities and net assets/fund balances			J 1 4 4 4 1 J 4 4 6	34	3,210,010

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>34.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,00		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<11		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,99	6,6	51.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CENTER FOR ARMS CONTROL AND

NON-PROLIFERATION

Employer identification number 04-2693322

Pa	art i	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See ins	tructions.				
The	organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2		A school des	cribed in <b>section 17</b>	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3				tal service organization			170(b)(1)	(A)(iii).					
4		•		operated in conjunction					(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	ne.
_		city, and stat				•				•	•		,
5		-		benefit of a college or ur	niversity ov	wned or or	nerated by	, a governi	mental uni	t describe	ed in		
J			(b)(1)(A)(iv). (Comple		iivoroity o	Wilca or of	ociated by	a govern	nontal am	. 00001100	, G III		
							470/b\/	4\/ <b>4</b> \/\					
6	X	•	,	ent or governmental unit					6 41			atte e et i	
7	Δ			eives a substantial part	of its supp	ort from a	governme	entai unit c	or from the	general p	oublic desc	ribea i	ın
			b)(1)(A)(vi). (Comple										
8	$\vdash$			ection 170(b)(1)(A)(vi).									
9		An organizati	ion that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, an	d gross red	ceipts	from
		activities rela	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (	2) no more	than 33 1	1/3% of its	support f	from gross	invest	tment
		income and ι	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization a	ifter June 3	0, 197	<sup>7</sup> 5.
		See section	<b>509(a)(2).</b> (Complete	Part III.)									
10	Щ	An organizati	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	n 509(a)(4	<b>l</b> ).				
11		An organizati	ion organized and op	perated exclusively for th	ne benefit (	of, to perfo	orm the fur	nctions of	or to carr	y out the p	purposes c	of one	or
		more publicly	supported organiza	ations described in secti	on 509(a)( <sup>-</sup>	1) or section	on 509(a)(2	2). See <b>se</b> c	tion 509(	<b>a)(3).</b> Che	ck the box	that	
		describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11h.						
		a Type I	b	☐ Type II 💢 🔾	: 🔲 тур	e III - Fund	tionally int	tegrated		d 🗀	Type III - C	Other	
6	•	By checking	this box, I certify tha	t the organization is not	controlled	I directly o	r indirectly	by one o	r more disc	qualified p	ersons oth	ner tha	เท
		foundation m	nanagers and other t	han one or more publicly	, supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or s	section 509	)(a)(2).	
1				ten determination from t									
		•	rganization, check th			•							
ç	1		,	organization accepted ar									•
•	•	-		irectly controls, either al			•					Yes	No
				upported organization?							. 11g(i)	1.00	110
				n described in (i) above?									
				person described in (i) of									
ı				about the supported or							. [119(111)		
ł	'	Provide the h	ollowing information	about the supported or	gariizatiorii	(5).							
				(iii) Type of	(iv) lo the e	raonization	(v) Did vo	, notify the	(vi) Is	the			
(i	,	of supported	(ii) EIN	organization		organization sted in your			organizatio	on in col.	(vii) Am		)†
	orga	anization		(described on lines 1-9		document?			(i) organiz U.S	ed in the	sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				(acc manuchona))	162	INO	162	NO	162	NO			
										$\sqcup$			
_													
T	~ i												

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

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

(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.)

Sec	ction A. Public Support	, ,		,			
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(,	(-)	(-) =	(,	(-) = - · ·	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	756,442.	875,566.	753,409.	593,030.	931,942.	3,910,389.
2	Tax revenues levied for the organ-						
	ization'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	756,442.	875,566.	753,409.	593,030.	931,942.	3,910,389.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,308,662.
	Public support. Subtract line 5 from line 4.						2,601,727.
	ction B. Total Support	·				· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009 753, 409.	(d) 2010 593,030.	(e) 2011 931, 942.	(f) Total
	Amounts from line 4	756,442.	875,566.	753,409.	593,030.	931,942.	3,910,389.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	167 407	114 077	115 077	111 220	07 007	607 200
	and income from similar sources	167,407.	114,8//.	115,877.	111,332.	97,887.	607,380.
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	1 275	19,076.	1 001	2 017	2 722	21 001
	assets (Explain in Part IV.)	4,375.	19,076.	1,001.	3,817.	2,732.	31,001.
	<b>Total support.</b> Add lines 7 through 10		,			40	4,548,770. 35,635.
	Gross receipts from related activities,	•	,	-1 6		12	33,033.
13	First five years. If the Form 990 is for	•			•	* * * *	
Sec	organization, check this box and storection C. Computation of Publ						
	Public support percentage for 2011 (			column (f))		14	57.20 %
	Public support percentage from 2010					15	67.00 %
	33 1/3% support test - 2011. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		<b>▶</b> □
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	<b>stop here.</b> Explair	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□
	meets the "facts-and-circumstances"  10% -facts-and-circumstances tes more, and if the organization meets the organization meets the "facts-and-circ	test. The organiza t - 2010. If the org he "facts-and-circu cumstances" test.	tion qualifies as a anization did not c mstances" test, ch The organization c	publicly supported theck a box on line neck this box and qualifies as a publi	d organization e 13, 16a, 16b, or stop here. Explair cly supported orga o, check this box a	17a, and line 15 is in Part IV how the anization	10% or

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

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

Section A. Public Support	now, piedee com	oloto i art II.j				
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and		. ,	, ,	` '	, ,	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
· · · ·						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons <b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		#10000	( ) 0000	( 0 0040	( ) 00//	(0
Calendar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						<u></u> ▶□
Section C. Computation of Publi						
15 Public support percentage for 2011 (lin					15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	010 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	I7 is not
more than 33 1/3%, check this box an	id <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
<b>b 33 1/3% support tests - 2010.</b> If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	<b>&gt;</b>

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Name of the organization

CENTER FOR ARMS CONTROL AND

NON-PROLIFERATION

Organization type (check one):

Employer identification number 04-2693322

of gameation type (on one one).								
Filers of	:	Section:						
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 990	)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		s covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
	, , , ,	· // (-/, (/,g						
General	Rule							
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.						
Special	Rules							
	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% ) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	total contributions of	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.						
	contributions for us If this box is checked purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year.						

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization
CENTER FOR ARMS CONTROL AND
NON-PROLIFERATION

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl spa	ce is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$_	357,205.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	59,920.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	77,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$_	19,483.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	40,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6		\$_	20,000.	Person X Payroll

Name of organization
CENTER FOR ARMS CONTROL AND
NON-PROLIFERATION

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 21,626.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$29,632.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 70,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization
CENTER FOR ARMS CONTROL AND
NON-PROLIFERATION

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received				
		  \$					

Name of organization **Employer identification number** 

CENTER FOR ARMS CONTROL AND

	ROLIFERATION			04-2693322
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc.	ridual contributions to section to section to section to following line entry. For orgo., contributions of \$1,000 or	n 501(c)(7), (8), anizations comp less for the year	or (10) organizations that total more than \$1,000 for the leting Part III, enter (Enter this information once.) \$
	Use duplicate copies of Part III if additiona	al space is needed.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer	of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
_				
	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer	of gift	
-	Transferee's name, address, ar	nd ZIP + 4	Re	elationship of transferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

	tion answered "Yes" to	Form 990, Part IV, line 5 (Prox	y Tax), or Form 990-E	Z, Part V, line 35c (Proxy T	ax), then
Name of organi	zation CENTER NON-PRO	FOR ARMS CONTROL			oyer identification number $04-2693322$
Part I-A	Complete if the or	ganization is exempt und	der section 501(c	) or is a section 527 o	rganization.
2 Political ex	penditures	zation's direct and indirect politi		▶\$	
Part I-B	Complete if the org	ganization is exempt und	der section 501(c	)(3).	
1 Enter the a	amount of any excise tax	incurred by the organization un	der section 4955	▶\$	
2 Enter the a	amount of any excise tax	incurred by organization manag	gers under section 495	5▶\$	
3 If the organ	nization incurred a section	on 4955 tax, did it file Form 4720	) for this year?		Yes 🖳 No
					Yes No
b If "Yes," de	escribe in Part IV.	ganization is exempt und	der section 501/c	Avcent section 501/	c)(3)
		d by the filing organization for se			
		nization's funds contributed to o			
			•	<b>.</b> .	
		s. Add lines 1 and 2. Enter here			
line 17b				▶\$	
4 Did the filir	ng organization file <b>Form</b>	1120-POL for this year?			Yes No
made payr contributio	ments. For each organiza ons received that were po	mployer identification number (E ation listed, enter the amount pa comptly and directly delivered to additional space is needed, pro	id from the filing organ a separate political or	ization's funds. Also enter th ganization, such as a separa	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
_					

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

Schedule C (Form 990 or 990-EZ) 2011	MOM-E	ODIFE	WWI TON	n F01/a\/2\ and #1	04-2	1093344 P	age 2
Part II-A Complete if the org			mpt under sectio	n 501(c)(3) and 111	ea Form 5/68		
<u> </u>		• • • • • • • • • • • • • • • • • • • •					
				n Part IV each affiliated	group member's nan	ne, address, EIN	,
expenses, and sha			• ,				
Limi	ts on Lobb	ying Expe	nd "limited control" pro nditures unts paid or incurred.		(a) Filing organization's	(b) Affiliated g totals	roup
(The term expend	uituics iii	cans amou	into para or incurreu.		totals		
1a Total lobbying expenditures to influ	uence pub	ic opinion (	grass roots lobbying)				
<b>b</b> Total lobbying expenditures to influ							
c Total lobbying expenditures (add l							
d Other exempt purpose expenditure							
e Total exempt purpose expenditure							
f Lobbying nontaxable amount. Enter							
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:			
Not over \$500,000		20% of	the amount on line 1e.				
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.			
Over \$1,000,000 but not over \$1,5	000,000		00 plus 10% of the exc				
Over \$1,500,000 but not over \$17		\$225,00	00 plus 5% of the exce	ss over \$1,500,000.			
Over \$17,000,000	,	\$1,000,0		, ,			
	•	, , ,					
g Grassroots nontaxable amount (er	nter 25% o	f line 1f)					
h Subtract line 1g from line 1a. If zer		,					
i Subtract line 1f from line 1c. If zero	o or less, e	nter -0-					
j If there is an amount other than ze	ero on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720		•	
reporting section 4911 tax for this	year?				[	Yes	□No
		4-Year Ave	eraging Period Under	Section 501(h)			
(Some organiz	ations tha	t made a s	ection 501(h) election	n do not have to comp	olete all of the five		
co	lumns bel	ow. See th	e instructions for line	es 2a through 2f on pa	ige 4.)		
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period			
Colondar voor							
Calendar year (or fiscal year beginning in)	(a) 2	2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	(e) Total	
2a Lobbying nontaxable amount							
<b>b</b> Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount							
(150% of line 2d, column (e))							
	l		ĺ			1	

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of th	e lobbying activity.	Yes	No	Amo	ount
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	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?	Х			
q	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		9	9,375.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i			(	9,375.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		-
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	R (b) Part		e 3, is
1 2	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).		1		
2			2a		
	Current year Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pai					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part for any additional information.	art II-A; and	Part II-B, lir	ne 1. Also, o	complete

#### **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. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

CENTER FOR ARMS CONTROL AND NON-PROLIFERATION

Employer identification number 04-2693322

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I 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 ..... 1 2 Aggregate contributions to (during year) 3 Aggregate 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). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Tax 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) 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 3 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 6 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 XIV, 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. 1a 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 XIV, the text of the footnote to its financial statements that describes these items. b 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) Revenues 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

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

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X
\$ \_

	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Ot	her Sim	ilar Asse	ts (cont	inued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are	a significar	nt use of its	collectio	n items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's e	xempt pur	pose in Pa	t XIV.	
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other sim	ilar assets	_	_	
	to be sold to raise funds rather than to be ma						Yes	U No
Pai	t IV Escrow and Custodial Arran		ete if the organization	on answered "Yes"	to Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod		•				_	
	on Form 990, Part X?					L	<b>∐</b> Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:			1		
							Amoun	t
	Beginning balance							
	Additions during the year							
е	Distributions during the year							
f	Ending balance				1f		Tal	
	Did the organization include an amount on F		21?			∟	<b>∐</b> Yes	└── No
	If "Yes," explain the arrangement in Part XIV. <b>t V</b> Endowment Funds. Complete i			000 D+ IV II	- 10			
Fai	t V Endowment Funds. Complete i					a voore beek	1-1 Four	voore book
4.	Device in a second below a	(a) Current year	(b) Prior year 1,069,840.	(c) Two years back 850,767	<u> </u>	e years back 624,311.	(e) Four	years Dack
	Beginning of year balance	1,129,455.	2,369.			257,556.		
D	Contributions	<67,602.		· · · · · · · · · · · · · · · · · · ·		2,376.		
C	Net investment earnings, gains, and losses	<07,002.	7 120,002.	130,310	<u>'•</u>	2,370.		
	Grants or scholarships							
е	Other expenditures for facilities	41,472.	63,556.	36,710	,	33,476.		
	and programs	41,472.	03,330.	30,710	<del>'                                    </del>	33,470.		
	Administrative expenses	1,020,516.	1,129,455.	1,069,840	+	850,767.		
_	End of year balance  Provide the estimated percentage of the cur				<u>'•l</u>	030,707.		
2	Board designated or quasi-endowment	rent year end balanc	e (iiile 1g, coluitii) (a	a)) Helu as.				
	Permanent endowment  79.47	%						
0	Temporarily restricted endowment   2							
C	The percentages in lines 2a, 2b, and 2c shou							
32	Are there endowment funds not in the posse	•	ation that are held a	and administered fo	or the orga	nization		
ou	by:	331011 Of the organize	ation that are neid a	ina administered re	n the orga	inzation	Ī	Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					
4	Describe in Part XIV the intended uses of the						. [32]	I
	t VI Land, Buildings, and Equipm							
	Description of property	(a) Cost or of	<del>`                                    </del>	or other (c)	Accumula	ated	(d) Boo	k value
	2 ccomparent or property	basis (investr			depreciation		(3,) 233	
	Land			5,585.			31	5,585.
	Buildings			4,784.	320,	606.		4,178.
	Leasehold improvements							
	Equipment							
	Other		15	8,014.	145,	941.	1.	2,073.
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	10(c).)		•	1,44	1,836.

Schedule D (Form 990) 2011

Part	VII Investments - Other Securities. Se	ee Form 990, Part X, li	ne 12.		
	(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua st or end-of-year mark	
(1) Fina	ancial derivatives				
	sely-held equity interests				
(3) Oth					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
	ol (b) must equal Form 990, Part X, col (B) line 12.)				
Part	VIII Investments - Program Related. S	ee Form 990, Part X,	line 13.		
	(a) Description of investment type	(b) Book value	Co	(c) Method of valua st or end-of-year mark	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	col (b) must equal Form 990, Part X, col (B) line 13.)				
Part					
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	Column (b) must equal Form 990, Part X, col (B) line			<b>&gt;</b>	
Part	, ,	line 25.			
<u>1</u>	(a) Description of liability		(b) Book value		
-	Federal income taxes				
(2)	ANNUITY PAYABLE		205,725.		
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)			AA= ====		
Total. (	Column (b) must equal Form 990, Part X, col (B) line	e 25.)	205,725.		

2. FIN 48 (ASC 740). 132053

	CENTER FOR ARMS CONTROL A	ND			0.4	2602222
_	t XI Reconciliation of Change in Net Assets from Form 990	to Audite	d Finan	cial Stat		2693322 Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	Cilicii	1,051,819
2				2		938,534
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		113,285
4	Net unrealized gains (losses) on investments			4		<118,183
5	Donated services and use of facilities			5		1110/100
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV.)			8		
9	Total adjustments (net). Add lines 4 through 8			9		<118,183
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3			10		<4,898
	t XII Reconciliation of Revenue per Audited Financial Stater	ments Wi	th Rever		Returi	
1	Total revenue, gains, and other support per audited financial statements				1	933,636
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	<11	8,183	•>	
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIV.)					
е	Add lines 2a through 2d				2e	<118,183
3	Subtract line 2e from line 1				3	1,051,819
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
	Add lines 4a and 4b				4c	0
_5					5	1,051,819
Pai	t XIII Reconciliation of Expenses per Audited Financial State				r Retu	
1	Total expenses and losses per audited financial statements				1	938,534
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIV.)	2d				
е	Add lines 2a through 2d				2e	0
3	Subtract line 2e from line 1				3	938,534
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
	Investment expenses not included on Form 990, Part VIII, line 7b				_	
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b				4c	0.
_	Total expanses Add lines 2 and 4s. (This must equal Form 900, Part I, line 18.)				=	938 534

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: TO ENSURE LONG-TERM FINANCIAL GROWTH AND STABILITY FOR

THE FUTURE.

PART X, LINE 2: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) RELEASED FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES. FOR THE YEAR ENDED DECEMBER 31,

2011, THE CENTER HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10 AND

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

Part XIV Supplemental Information (continued)
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FEDERAL FORM
990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS
AFTER IT IS FILED.

#### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CENTER FOR ARMS CONTROL AND **Employer identification number** 

OMB No. 1545-0047

NON-PROLIFERAT:				04-269332					
		ctivities Ou	tside the United States. Comp	lete if the organization answered "	es"				
to Form 990, Pa	rt IV, line 14b.								
<del>-</del>	·								
the grantees' eligibility	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No								
<del>-</del>	cribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and other assistance outs	side the				
United States.									
			an be duplicated if additional space is		(0.T.)				
(a) Region	(b) Number of offices	omployoos	(d) Activities conducted in region (by type) (e.g., fundraising, program	(e) If activity listed in (d) is a program service,	(f) Total expenditures				
	in the region	agents, and independent contractors	services, investments, grants to	describe specific type	for and				
	l in the region	contractors	recipients located in the region)	of service(s) in region	investments				
	+	in region	7	111111111111111111111111111111111111111	in region				
				INTERNATIONAL SECURITY					
DAGE AGTA AND BUD				CONFERENCE/UNITED STATES					
EAST ASIA AND THE				KOREAN RELATIONS;					
PACIFIC	0	0	PROGRAM SERVICE	RECIEVED \$52,000 GRANT	0.				
	+								
	-								
	ļ .	_							
3 a Sub-total	0	0			0.				
<b>b</b> Total from continuation		_			_				
sheets to Part I	0	0			0.				
c Totals (add lines 3a	_	_			_				
and 3h)	1 0	l 0			l 0.				

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

Schedule	F	(Form	990)	2011
Ochicadic		(1 01111	550)	2011

			Outside the United States.		rganization answered	d "Yes" to Form 9	90, Part IV, line 15, for	any
			o one recipient received more	than \$5,000				▶ □
Part II can be du	plicated if additional	space is needed.			1			1
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the					•
			n 501(c)(3) equivalency letter					
• Enter total number of	other organizations (	л enudes				·····	Sched	ule F (Form 990) 2011

(a) Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of non-cash assistance (g) Description of valuation (h) Method of non-cash assistance							
(a) Type of grant of accidence	(2) 11091011	recipients	cash grant	cash disbursement	non-cash assistance	non-cash assistance	(h) Method of valuation (book, FMV, appraisal, othe
							11 /

#### CENTER FOR ARMS CONTROL AND Schedule F (Form 990) 2011 NON-PROLIFERATION

Part IV	Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047 Open to Public Inspection

Attach to Form 990 or 990-EZ. Internal Revenue Service CENTER FOR ARMS CONTROL AND Name of the organization **Employer identification number** NON-PROLIFERATION 04-2693322 FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SSI **EXPENSES \$ 49,156.** \$ INCLUDING GRANTS OF \$ 0. REVENUE 0.

IRAN/IRAQ

**EXPENSES \$ 47,483.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

KOREA

**EXPENSES \$ 37,575.** INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY THE FORM 990, PART VI, OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT. THE FULL BOARD OF DIRECTORS WAS PROVIDED A COPY OF THE FINAL 990 PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: EACH RESPONSIBLE PERSON ANNUALLY COMPLETES A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING.

PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECTOR OR COMMITTEE MEMBER HAVING A INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING DISCLOSES ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH DISCLOSURE IS REFLECTED IN THE MINUTES OF THE MEETING.

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- B. A DIRECTOR OR COMMITTEE MEMBER WHO PLANS NOT TO ATTEND A MEETING AT
  WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE BOARD OR COMMITTEE WILL ACT
  ON A MATTER IN WHICH THE PERSON HAS A CONFLICT OF INTEREST DISCLOSES TO THE
  CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. THE
  CHAIR REPORTS THE DISCLOSURE AT THE MEETING AND THE DISCLOSURES REFLECTED
  IN THE MINUTES OF THE MEETING.
- C. A PERSON WHO HAS A CONFLICT OF INTEREST IS UNABLE TO PARTICIPATE IN OR

  BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER

  EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. SUCH PERSON

  IS UNABLE TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE

  MATTER, EITHER AT OR OUTSIDE THE MEETING.
- D. A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR
  TRANSACTION THAT WILL BE VOTED ON AT A MEETING IS NOT COUNTED IN

  DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE. THE PERSON
  HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION
  AND MAY NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN, UNLESS
  THE VOTE IS BY SECRET BALLOT. SUCH PERSON'S INELIGIBILITY TO VOTE IS
  REFLECTED IN THE MINUTES OF THE MEETING. FOR PURPOSES OF THIS PARAGRAPH, A
  MEMBER OF THE BOARD OF DIRECTORS OF CACNP HAS A CONFLICT OF INTEREST WHEN
  HE OR SHE STANDS FOR ELECTION AS AN OFFICER OR FOR RE-ELECTION AS A MEMBER
  OF THE BOARD OF DIRECTORS.

RESPONSIBLE PERSON HAS WITH RESPECT TO A CONTRACT OR TRANSACTION. SUCH DISCLOSURE ARE MADE AS SOON AS THE CONFLICT OF INTEREST IS KNOWN TO THE RESPONSIBLE PERSON. THE RESPONSIBLE PERSON REFRAINS FROM ANY ACTION THAT MAY AFFECT CACNP'S PARTICIPATION IN SUCH CONTRACT OR TRANSACTION. IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT DISCLOSES THE CIRCUMSTANCES TO THE CHAIR OR THE CHAIR'S DESIGNEE, WHO DETERMINES WHETHER A CONFLICT OF INTEREST EXISTS THAT IS SUBJECT TO THIS POLICY.

FORM 990, PART VI, SECTION B, LINE 15: NATIONAL COST OF LIVING AVERAGES

ARE APPLIED TO THE ORGANIZATION, AND SALARIES ARE ADJUSTED BASED ON THE

ANNUAL BUDGET. ALL SALARY INCREASES ARE APPROVED BY THE COO AND EXECUTIVE

DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:

-118,183.

FORM 990, PART VI, LINE 14

FORM 990, PART VI, SECTION B, LINE 14: THE ORGANIZATION PLANS TO

IMPLEMENT A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY IN THE

NEAR FUTURE.

FORM 990, PART VII

ROBERT GARD A BOARD MEMBER RECEIVED COMPENSATION FOR CONSULTING

01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization CENTER FOR ARMS CONTROL AND NON-PROLIFERATION	04-2693322
SERVICES PROVIDED TO THE ORGANIZATION, UNRELATED TO HIS S	SERVICES AS A
BOARD MEMBER. THE COMPENSATION AGREEMENT WAS AT FAIR MARK	KET VALUE AND
THE PAYMENTS WERE NEGOTIATED AT ARM'S LENGTH.	