## \*\* 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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047 Inspection

<u>A F</u>	or the	2016 calendar year, or tax year beginning and e	ending	-	
<b>B</b> c	Check if pplicable	CENTER FOR ARMS CONTROL AND		D Employer identifi	cation number
X	Addres	NON-PROLIFERATION			
	Name change			04-2	693322
	Initial return	-	Room/suite	E Telephone numbe	r
F	 Final return/	820 1ST STREET, NE, SUITE LL-180		(202	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	901,240.
	Amend return	, , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re	eturn
	Applica	F Name and address of principal officer: JOHN TIERNEY		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	—
<u> </u>	Гах-ехе	empt status: $\mathbb{X}$ 501(c)(3) $\mathbb{Z}$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $\mathbb{Z}$ 4947(a)(1) or	r 527	1	list. (see instructions)
		e: WWW.ARMSCONTROLCENTER.ORG		H(c) Group exemption	` '
KF	orm of	organization: X Corporation	L Year		M State of legal domicile: DC
		Summary			
	1	Briefly describe the organization's mission or most significant activities: A NON	-PROF	IT, NON-PAR	risan
Governance	]	RESEARCH ORGANIZATION DEDICATED TO ENHANCI	ING IN	<b>ITERNATIONAL</b>	PEACE AND
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as:	sets.
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	9
8	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	10
Vitie	6	Total number of volunteers (estimate if necessary)		6	50
Activities &	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	0.
				Prior Year	Current Year
<u>o</u>	8 (	Contributions and grants (Part VIII, line 1h)		878,532.	678,904.
enc	l	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		150,932.	
_	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		105,032.	124,880.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,134,496.	838,086.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		352,190.	267,219.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă X	b	Total fundraising expenses (Part IX, column (D), line 25)  72,47		015 020	630,606
ш	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		915,030. 1,267,220.	638,696. 905,915.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
		Revenue less expenses. Subtract line 18 from line 12		-132,724.	
Net Assets or		Total accords (Dock V. Para 40)		ginning of Current Year 3,280,404.	End of Year 3,294,868.
SSE	20	Total assets (Part X, line 16)		71,360.	99,366.
let /	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		3,209,044.	3,195,502.
	22 ort II	Signature Block		3,203,044.	3,193,302.
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			r knowledge and bellet, it is
ti do,	, 001100	, and complete. Boolaration of property (ethor than emost) to becode on an information of white	on propuror	nas any knowledge.	
Sigi	n	Signature of officer		Date	
Her	- 1	▲ JOHN TIERNEY, EXECUTIVE DIRECTOR			
	Ĭ	Type or print name and title			
		Print/Type preparer's name		Date Check	PTIN
Paid	,	R MICHAEL SORRELLS	X/	10/25/17   if self-employ	P00001737
	1	Firm's name ► TATE AND TRYON	· · · · · · · · · · · · · · · · · · ·	Firm's EIN ▶	52-1855942
Use	Only	Firm's address 2021 L STREET, NW SUITE 400			
		WASHINGTON, DC 20036		Phone no. ( 2	02) 293-2200
May	the IP	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	CENTER FOR ARMS CONTROL AND	
Form	n 990 (2016) NON-PROLIFERATION 04-2693322 Page	e <b>2</b>
Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line 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	
2		NI.
		NO
	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 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 \$ 337 , 349 • including grants of \$) (Revenue \$)	)
	THE PENTAGON BUDGET CAMPAIGN WORKS TOWARD A MORE RATIONAL NATIONAL	
	SECURITY POSTURE AND BUDGET WHICH NATURALLY WOULD LEAD TO A REDUCTION	
	IN DEFENSE AND ENERGY DEPARTMENT SPENDING THAT IS CURRENTLY INFLATED	
	DUE TO LACK OF PRIORITIZATION, INADEQUATE OVERSIGHT AND POOR TESTING	
	REGIMES PRIOR TO DEPLOYMENT AS WELL AS FAILURES TO CREATE A STRATEGIC	
	APPROACH THAT UTILIZES DIPLOMACY, AID AND OTHER ALTERNATIVES	
	APPROPRIATELY. CENTER, WITH PBC, STRIVES TO ENCOURAGE RE-ALIGNMENT OF	
	OUR DEFENSE STRATEGIES, REBALANCE OUR FORCE AND INVEST IN SYSTEMS THAT	—
	MATCH OUR U.S. SECURITY MISSION, RESULTING IN MEANINGFUL SAVINGS AT	
	LOWER RISK TO OUR MEN AND WOMEN IN UNIFORM.	
4b	(Code:) (Expenses \$	)
	NON-PROLIFERATION: THE GOAL OF THE CENTER FOR ARMS CONTROL AND	
	NON-PROLIFERATION IS TO ENCOURAGE A REDUCTION IN NUCLEAR WEAPONS AND	
	WEAPONS-GRADE MATERIALS; TO EDUCATE AND INFORM CONGRESS AND	
	ADMINISTRATION POLICY-MAKERS (DIRECTLY AND THROUGH POLICY AMPLIFICATION	
	VIA MEDIA OUTLETS) TO LEAD TOWARD LEGISLATIVE AND BUDGET ACTIONS THAT	
	SUPPORT THAT GOAL; TO ENCOURAGE APPROPRIATE SUPPORT OF EFFORTS TO HALT	
	PROLIFERATION AND TO NEGOTIATE REDUCTIONS AND SECURE AND ELIMINATE	
	FISSILE MATERIALS WORLD-WIDE. CENTER ENCOURAGES DIPLOMATIC EFFORTS OVER	
	MILITARY RESPONSES WHENEVER POSSIBLE AND FEASIBLE CONCERNING RELATIONS	
	WITH IRAN, NORTH KOREA, RUSSIA, CHINA, ETC.	
	WITH THUN, NORTH, ROBOTH, CHIMI, DIC.	
4-	(Code:) (Expenses \$157 , 455 •including grants of \$) (Revenue \$)	
4C	(Code:) (Expenses \$15 / , 455 • including grants of \$) (Revenue \$)  DEFENSE SPENDING: THE CENTER, AND ITS INDEPENDENT PROJECT - THE	<u> </u>
	,	
	PENTAGON BUDGET CAMPAIGN - WORK TO EDUCATE DECISION-MAKERS AND THE	
	PUBLIC ABOUT THE DEFENSE BUDGET THROUGH OVERSIGHT AND LEGISLATIVE	
	ANALYSIS. THE CENTER ALSO WORKS TO HIGHLIGHT AND ELIMINATE WASTE,	
	FRAUD, AND ABUSE FROM THE PENTAGON BUDGET IN AN EFFORT TO INFLUENCE	
	SMART DEFENSE SPENDING THAT INCREASES U.S. NATIONAL SECURITY WITHOUT	
	COMPROMISING OUR FINANCIAL SECURITY.	
		_
44	Other program services (Describe in Schedule O.)	
TU		
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ► 652,259 •	
46		

Form **990** (2016)

## Part IV Checklist of Required Schedules

4 Section 501(c/3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?   "Yes," complete Schedule C, Part II   4   4   5   5   15 the organization a section 501(h), 901(c), or 501(c)(l) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?   "Yes," complete Schedule C, Part II   5   5   5   5   5   5   5   5   5				Yes	No
2 Is the organization equired to complete Schedule <i>B, Schedule of Contributors?</i> 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes, 'complete Schedule C, Part I</i> 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t) elidection in effect during the tax year? <i>If 'Yes, 'complete Schedule C, Part II</i> 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19? <i>If 'Yes, 'complete Schedule C, Part II</i> 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes, 'complete Schedule D, Part II</i> 7 Did the organization merceive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes, 'complete Schedule D, Part II</i> 7 Did the organization mention incellections of works of art, historical treasures, or there similar eases? <i>If 'Yes, 'complete Schedule D, Part II</i> 8 Did the organization mention incellections of works of art, historical treasures, or there similar eases? <i>If 'Yes, 'complete Schedule D, Part IV</i> 9 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If 'Yes, 'complete Schedule D, Part V</i> 10 Did the organization shaper on any of the following questions is 'Yes,' then complete Schedule D, Part V, VII, VIII, IX, or X as applicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes, 'complete Schedule D, Part V</i> 11a Schedule D, Part X, line 16? <i>If 'Yes, 'complete Schedule D, Part V</i> 11b Did the organization report an amount for	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? **R*** complete **Schedule C, Part I **Section 501(R) organizations. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? **I **Yes,** complete **Schedule C, Part II **Section 501(R), 501(R), 670(R), 6701(R) (R) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.19? **If **X** complete **Schedule C, Part II **If **If **If **If **If **If **If		If "Yes," complete Schedule A	1	Х	
public office? ** "ex-** complete Schedule C, Part I ** Section 501(e)3 organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "ex-** complete Schedule C, Part II ** 15 is the organization a section 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reverue Procedule 99.197 If "vs-** complete Schedule C, Part II ** 16 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II ** 17 Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ** 18 Did the organization maintain collections of works of art, historical treasures, or other similar asseste? If "Yes," complete Schedule D, Part II ** 19 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ** 10 Did the organization (intertly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II ** 10 Did the organization report an amount for investments - organization esport an amount for investments - organization and part X, line 197 If "Yes," complete Schedule D, Part V II ** 10 Did the organization report an amount for other assets in Part X, line 197 If "Yes," complete Schedule D, Part X II ** 16 Did the organization report an amount for other assets in Part X, line 197 If "Yes," complete Schedule D, Part X X II ** 16 Did the organization sh	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
4 Section 501(c/3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?   "Yes," complete Schedule C, Part II   4   4   5   5   15 the organization a section 501(h), 901(c), or 501(c)(l) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?   "Yes," complete Schedule C, Part II   5   5   5   5   5   5   5   5   5	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "yes," complete Schedule (). Part II I Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19" (if "yes," complete Schedule (). Part II I Did the organization maintain any donor advised flunds or any similar funds or accounts? If "Yes," complete Schedule (). Part II Did the organization report an amount in investment of amounts in including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II I The organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D. Part IV Did the organization report an amount for investments of the securities in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V VII Did the organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part VII The organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part VII The organization report an amount for investments of the securities in Part X, line 10? If "Yes," complete Schedule D, Part VII The Organization report an amount for investments of the securities in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII The Organization organization and amount for investments of the securities in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII The Organization and a		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 38-17; if "Yes," complete Schedule C, Part III or provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II of bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II of the organization report an amount in Part X, line 417, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV of the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indoments? If "Yes," complete Schedule D, Part V the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, II, VIII, IV, or X as applicable.  3 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 If that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII  4 Did the organization report an amount for investments - program related in Part X, line 157 its "Yes," complete Schedule D, Part VIII  5 Did the organization report an amount for other assets in Part X, line 157 If "Yes," complete Schedule D, Part VIII  6 Did the organization report an amount for other assets in Part X, line 157 its "Yes," complete Schedule D, Part VIII  7 Did the organization orbin obtain separate, organization answered "No" to line 12a, then completing	4				
5 Is the organization a section 501(c)(d), 501(c)(d) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 8-197 If "Yes," complete Schedule (P, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III 1 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide reddit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 1 or the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, VIII, VIII, VX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 1 the organization report an amount for linestments - 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 VI 1 the Old 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 XI 1 the Old 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 XI 1 the Old the organization or spot an amount for the 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 XI 1 the Did th		during the tax year? If "Yes," complete Schedule C, Part II	4		Х
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I Pid the organization resports on the organization resports and any state of the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II I Pid the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV I 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 I I If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V I I I I b Organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V I I Did the organization report an amount for investments - organization in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V I I Did the organization report an amount for investments or group and the part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X I I I 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 X I I I Did the organization in separate or consolidated financial statements for t	5				
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part III  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization proprian amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VII  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 VIII If the organization in export of any of the following questions is "Yes," then complete Schedule D, Part VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  c Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  11b Did the organization in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  2 Did the organization included in consolidated, independent audited fina		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III  9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization report an amount in Part X, line 21, his reservow or custodial account liability, serve as a custodian for amounts not listed in Part X, in provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization's snawer to arry of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, X, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII  c Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for investments - organization last in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III  11 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16 that organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16 the organization report an amount for other liabilities in Part X, line 25? I	6				
Bit the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Schedule D, Part III Bit the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Bit the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV 9 10 bit the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indowments? If "yes," complete Schedule D, Part V 1 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, V, VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 In 12 In 14 In 15 I		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   10 Did the organization device by or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   11 If the organization's answer to any or the following questions is "Yes," then complete Schedule D, Part VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   2 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   3 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 VII   4 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 VII   5 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X    11 Did the organization of the 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 X    12 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  d Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X  11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  11d Did the organization report an amount for other liabilities in Part X, line 26? If "Yes," complete Schedule D, Part X  11d Did the organization report an amount for		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If 'Yes, 'complete Schedule D, Part IV   9  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? 'If 'Yes, 'complete Schedule D, Part V   11 If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 'If "Yes," complete Schedule D, Part VI   11a X   11b   12b	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
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Part X, line 16? If "Yes," complete Schedule D, Part IX  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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  116  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII  b Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  14a Did the organization maintain an office, employees, or agents outside of the United States?  15 Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  16 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 II  17 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 Did the organization report more than \$15,000 total o		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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12b   13   15   15   15   15   16   17   17   18   18   19   19   19   19   19   19		Schedule D, Parts XI and XII	12a	X	
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, i		1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
appropriate Cohordisto C. Dout III	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
compete scredule G, Part III		complete Schedule G. Part III	19	000	X

Form **990** (2016)

			Yes	No
<b>20a</b> D	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	f "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
<b>21</b> D	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
de	lomestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
	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		Х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	ast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	iny tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	ransaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
	s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	hat the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		Х
	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	ormer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
		26		х
	complete Schedule L, Part II	20		
	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			
		27		х
	of any of these persons? If "Yes," complete Schedule L, Part III	21		21
	Vas the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	nstructions for applicable filing thresholds, conditions, and exceptions):	000		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
	lirector, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
C	contributions? If "Yes," complete Schedule M	30		<u> </u>
	Did the organization liquidate, terminate, or dissolve and cease operations?			7.7
lf	f "Yes," complete Schedule N, Part I	31		<u> X</u>
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		<u> </u>
	old the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	ections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
<b>34</b> W	Vas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_ <u>X</u> _
	olid the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	f "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	vithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 S	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	f "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
<b>37</b> D	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		_X_
	oid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
N	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			990	

# Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		<u></u> .		
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	17			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
	(gambling) winnings to prize winners?	·······		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Art	ccount	s (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
	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	e orgai	nization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		_ <u>X</u> _
				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired	_		37
_	to file Form 8282?	i i		7c		<u> X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control (the proposition of the year) for the proposition of the proposition of the year of the proposition of the year.			7f	N/	7
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		/-	7h	11/	<u> </u>
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?			8		
9				ů		
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 49662		N/A	9a		
a h	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:		-17.44	JU		
	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	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders N/A	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $N/A$	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	<b>Note.</b> 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	13b				
	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	2000	
				Form	990	(2016)

<u> </u>			2073322	rage
Part VI	Governance, Management, and Disclosure	For each "Yes" response to lines 2 through 7b below,	and for a "No" res	ponse
	to line 8a, 8b, or 10b below, describe the circumstances, p			
	Check if Schedule O contains a response or note to any li	ine in this Part VI		7

	Check if Schedule O contains a response or note to any line 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	1a		<u> </u>			
	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		<u> </u>			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?			.	2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			г	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's ass			г	5		<u>X</u>
6	Did the organization have members or stockholders?			.	6		_X_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•					
	more members of the governing body?			.  -	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?			.	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•				
а	The governing body?			.  -	8a	X	
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 read				_		37
2	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Т	1	
	5111			Г		Yes	No_
	Did the organization have local chapters, branches, or affiliates?			• -	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,		401		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?		a filipa tha farma	·· ├	10b		X
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before	e filing the form?	H	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10-	х	
_	• • • • • • • • • • • • • • • • • • • •		lioto Q	. Г	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			··	120		
С		,			12c	х	
13	in Schedule O how this was done Did the organization have a written whistleblower policy?			г	13	X	
14				Г	14	X	
15	Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approva			·	14		
IJ	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ı by IIIC	icperident				
•	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization			·	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			՝	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			·	100		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•				
	exempt status with respect to such arrangements?			- [	16b		
Sec	tion C. Disclosure			<u> </u>			
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	on 501(c)(3)s only	) ava	ailable		
	for public inspection. Indicate how you made these available. Check all that apply.		.,.,				
	X Own website Another's website X Upon request Other (explain	in Sch	edule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con			nd f	inanci	al	
	statements available to the public during the tax year.		- ,				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records:				
	CAIN FARMER - (202) 546-0795						
	820 1ST STREET NE SUITE LL-180 WASHINGTON DC 2	000	2				

Form **990** (2016)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	organization compensate (C)						(D)	(E)	(F)
Name and Title	Average	(do		Posi		<b>າ</b> than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week	-		u a u		174443	(00)	from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or (	stee			ısatec		(W-2/1099-MISC)	(** 27 1033 141100)	organization
	organizations	truste	al tru:		yee	n be		(** 2. *********************************		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) EDWARD LEVINE	1.00									
CHAIR		Х						0.	0.	0.
(2) PHIL COYLE	1.00									
SECRETARY		Х						0.	0.	0.
(3) SAMUEL KNIGHT	1.00									
TREASURER		Х						0.	0.	0.
(4) PAUL CASTLEMAN	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(5) COL. RICHARD KLASS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) LINCOLN DAY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) AMBASSADOR PETER GALBRAITH	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(8) JAMES WALSH	1.00	1								_
BOARD MEMBER		Х						0.	0.	0.
(9) SHARON SQUASSONI	1.00									
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(10) JOHN TIERNEY	20.00	-						E0 16E		
EXECUTIVE DIRECTOR				Х				79,167.	0.	0.
(11) CAIN FARMER	20.00	-						24.066	_	•
CONTROLLER				X				34,966.	0.	0.
		-								
		-								
		-								
		-								
	1	-	_			-				
		1								
	+									
	1	1	I	1	l	I	l	I		

Form 990 (2016) NON-PROL	IFERATIO	N							04-26	5933	22	Pa	ge <b>8</b>
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	Posi heck i ss per id a di	ition more rson i	than o	n an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensatio from related	n	Esti amo	(F) mate ount o ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		orga	m the nizati relate	e on ed
45.05.555								114,133.		0.			0.
1b Sub-total c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)  2 Total number of individuals (including but r							o re	114,133. eceived more than \$100,	000 of reportable	0.			0.
compensation from the organization												Yes	<u>1</u> No
3 Did the organization list any <b>former</b> officer line 1a? <i>If</i> "Yes," complete Schedule J for s										[	3		Х
4 For any individual listed on line 1a, is the st and related organizations greater than \$150											4		х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." con											5		Х
Section B. Independent Contractors	ipiete Scrieduit	<i>- 0 1</i> 0	JI SL	<i>i</i> CII ļ	Jers	<u> </u>							
1 Complete this table for your five highest co the organization. Report compensation for										ensati	on fron	n	
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	(C) empens		1
	a alcudio o l								Ale a re				
2 Total number of independent contractors (i \$100,000 of compensation from the organi	ŭ	ot lin	nited	ı to 1	thos (		ted	above) who received mo	ore than				
		_	_	_	_	_				F	orm <b>9</b>	<b>90</b> (2	(016

CENTER FOR ARMS CONTROL AND

Form 990 (2016) NON-PRO
Part VIII Statement of Revenue

		Check if Schedule O contains	s a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					012 011
ant		Membership dues						
ي ق		Fundraising events						
ifts		Related organizations	·····					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions						
Sir		All other contributions, gifts, grants, a						
bet.	•	similar amounts not included above		678,904.				
혈	q	Noncash contributions included in lines 1a-1	•					
Sor	_	Total. Add lines 1a-1f			678,904.			
				Business Code				
ø	2 a							
ķ	b							
Ser	c							
Program Service Revenue	d							
	е							
Pro	f	All other program service revenue	<del></del>					
		Total. Add lines 2a-2f						
	3	Investment income (including div						
		other similar amounts)			29,271.			29,271.
	4	Income from investment of tax-ex						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	73,613.					
		Less: rental expenses	0.					
		Rental income or (loss)	73,613.					
	d	Net rental income or (loss)			73,613.			73,613.
			i) Securities	(ii) Other				
		assets other than inventory	67,254.					
	b	Less: cost or other basis						
		and sales expenses	<u>62,223.</u>					
	С	Gain or (loss)	5,031.					
	d	Net gain or (loss)		<u></u>	5,031.			5,031.
Φ	8 a	Gross income from fundraising ev	vents (not					
		including \$	of					
Other Revenu		contributions reported on line 1c)						
<u>بر</u> ۳		Part IV, line 18	а	34,875.				
푩		Less: direct expenses		931.				
٥	С	Net income or (loss) from fundrais	sing events	<b></b>	33,944.			33,944.
	9 a	Gross income from gaming activi	ties. See					
		Part IV, line 19	а					
		Less: direct expenses						
		Net income or (loss) from gaming		<u> </u>				
	10 a	Gross sales of inventory, less retu	urns					
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales of		<b></b>				
		Miscellaneous Revenue		Business Code		E 045		
		PSS RETREAT INCOM		900099	7,045.	7,045.		4 000
		ADMINISTRATIVE FE	5ES	900099	4,000.			4,000.
	С			000000	C 070	6 000		
		All other revenue		900099	6,278.	6,278.		
		Total. Add lines 11a-11d			17,323.	12 202	•	145 050
	12	Total revenue. See instructions			838,086.	13,323.	0.	145,859.

#### Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons			(2)	X
	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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	114,133.	82,175.	22,827.	9,131
6	trustees, and key employees	114,133.	02,175.	22,027•	7,131
0	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	114,077.	82,136.	22,815.	9,126
, 8	Pension plan accruals and contributions (include		02,130.	22,010	J, 120
5	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	22,210.	15,991.	4.442.	1.777
0	Payroll taxes	16,799.	12,095.	4,442. 3,360.	1,777 1,344
1	Fees for services (non-employees):	20,7550	22,0300	3,3331	
' а	Management				
b	Legal	5,120.	3,686.	1,024.	410
c	Accounting	28,159.	20,274.	1,024. 5,632.	2,253
	Lobbying	,	- ,	- ,	,
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	349,413.	251,577.	69,883.	27,953
2	Advertising and promotion	1,017.	733.	203.	27,953 81
3	Office expenses	22,463.	16,173.	4,493.	1,797
4	Information technology	61,185.	44,053.	12,237.	4,895
5	Royalties				
6	Occupancy	7,652.	5,510.	1,530.	612
7	Travel	1,540.	1,109.	308.	123
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	17,502.	12,602.	3,500.	1,400
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	49,620.	35,727.	9,924.	3,969
3	Insurance	8,399.	6,047.	1,680.	672
4	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 0.)				
а	TAXES	37,200.	26,784.	7,440.	2,976
a b	MISCELLANEOUS	27,687.	19,935.	5,537.	2,215
C	REPAIRS AND MAINTENANCE	16,893.	12,163.	3,379.	1,351
d	DUES AND SUBSCRIPTIONS	4,846.	3,489.	969.	388
e	All other expenses	-,	2,200		
5	Total functional expenses. Add lines 1 through 24e	905,915.	652,259.	181,183.	72,473
<u></u> 6	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)				

Form **990** (2016)

<u>Pa</u>	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			601,060.	2	788,673.
	3	Pledges and grants receivable, net			24,117.	3	1,150.
	4	Accounts receivable, net			56,848.	4	98,123.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa	ted em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c	(3)(B), and contributing			
S		employers and sponsoring organizations of secti					
		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			8		
	9	5			12,797.	9	31,553
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,955,380.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	650,382.	1,322,668.	10c	1,304,998 1,070,371
	11	Investments - publicly traded securities			1,262,914.	11	1,070,371
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	3,280,404.	16	3,294,868		
	17	Accounts payable and accrued expenses	11,143.	17	29,160		
	18	Grants payable		18			
	19	Deferred revenue			0.	19	1,455
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F	1		21		
S	22	Loans and other payables to current and former	officers				
E E		key employees, highest compensated employees					
Liabilities						22	
Ĕ	23	Secured mortgages and notes payable to unrela		1		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		Schedule D			60,217.	25	68,751.
	26	Total liabilities. Add lines 17 through 25			71,360.	26	68,751 99,366
		Organizations that follow SFAS 117 (ASC 958)	, checl	k here X and			
s		complete lines 27 through 29, and lines 33 and					
Jce	27	Unrestricted net assets		1,775,813.	27	1,720,114.	
alar	28	Temporarily restricted net assets	473,688.	28	1,720,114. 515,845.		
Ř	29	Permanently restricted net assets	959,543.	29	959,543.		
Ŭ.		Organizations that do not follow SFAS 117 (AS					
Net Assets or Fund Balances		and complete lines 30 through 34.					
ts (	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or eq				31	
۲	32	Retained earnings, endowment, accumulated inc				32	
Z	33	Total net assets or fund balances			3,209,044.	33	3,195,502.
	34	Total liabilities and net assets/fund balances			3,280,404.	34	3,294,868.

Form **990** (2016)

Form **990** (2016)

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	83	8,0	86.
2	Total expenses (must equal Part IX, column (A), line 25)	2	90	5,9	<u> 15.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 29.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,20	9,0	44.
5	Net unrealized gains (losses) on investments	5	6	5,6	98.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1	1,4	<del>11.</del>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,19	5,5	02.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	are sudite explain why in School to O and describe any stone to undergo such sudite		01-		

632012 11-11-16

#### **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.

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

OMB No. 1545-0047

Open to Public

Name of the organization

CENTER FOR ARMS CONTROL AND

Employer identification number 04-2693322

NON-PROLIFERATION Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	858,638.	851,303.	1295718.	878,532.	678,904.	<u>4563095.</u>
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	858,638.	851,303.	1295718.	878,532.	678,904.	4563095.
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)						2048103.
	Public support. Subtract line 5 from line 4.						2514992.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	858,638.	851,303.	1295718.	878,532.	678,904.	4563095.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	101,627.	100,477.	88,638.	98,417.	102,884.	492,043.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		738.				738.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,000.	4,000.	9,432.	22,920.	17,323.	57,675.
11	<b>Total support.</b> Add lines 7 through 10						5113551.
12	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	~			•		
804	organization, check this box and stor	here Dor	oontogo				<b>&gt;</b>
	ction C. Computation of Publi			. (4)			40 10
14	Public support percentage for 2016 (I					14	49.18 % 54.51 %
15	Public support percentage from 2015					15	
16a	33 1/3% support test - 2016. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2015. If the condition have						
17-	and <b>stop here.</b> The organization qual					and line 14 is 100/	
17 a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac				· · · · · · · · · · · · · · · · · · ·	_	
J.	meets the "facts-and-circumstances"						
O	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						·
40	organization meets the "facts-and-circ			•	,		
ΙŎ	Private foundation. If the organization	п иш пот спеск а	DOX OF HITE 13, 162	a, 100, 17a, 0r 17b	, check this box at	iu see instructions	<b>P</b>

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
	Amounts from line 6						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>				<u></u>
14	First five years. If the Form 990 is for				-		
So	check this box and stop here ction C. Computation of Publi						<b>P</b>
	•			olumn (fl)		15	0/
	Public support percentage for 2016 (I					15	<u>%</u>
16 Se	Public support percentage from 2015 ction D. Computation of Inves					10	<u>%</u>
	Investment income percentage for 20			no 13 column (f)		17	%
	Investment income percentage from					18	
18 19:	a 33 1/3% support tests - 2016. If the						
196	more than 33 1/3%, check this box ar						<b>.</b> —
k	33 1/3% support tests - 2015. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and s	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20	Drivate foundation If the organization	n did not chack a	boy on line 14, 10	or 10h chock th	his how and soo in	etructione	<b>▶</b>   ]

## Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Voo	No
		Yes	INO
	1		
	2		
	20		
H	3a		
ŀ	3b		
	3с		
	JC		
	4a		
	4b		
Н	4c		
	5a		
	- Cu		
-	5b		
Н	5c		
	c		
-	6		
-	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10L		
99	10b	n-F7\	2016

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с		11c		
Sect	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
	non Divini Typo in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	That it look do it like the control of the control	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement.  Parent of Supported Organizations. Answer (a) and (b) below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u		За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Sec	tions A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting orga	enization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	t V	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	t purposes of supported		
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	s of supported organizations	 S	
4	Amou	ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in <b>Part VI</b> ). See instructions			
		annual distributions. Add lines 1 through 6			
8		outions to attentive supported organizations to which th	ne organization is responsive		
		de details in <b>Part VI</b> ). See instructions			
9		outable amount for 2016 from Section C, line 6			
		B amount divided by Line 9 amount			
	LITIO	amount divided by Eine 6 amount	(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
1	Dietrik	outable amount for 2016 from Section C, line 6			
		rdistributions, if any, for years prior to 2016 (reason-			
2		cause required- explain in Part VI). See instructions			
3		s distributions carryover, if any, to 2016:			
	LACES	ss distributions carryover, if any, to 2010.			
<u>a</u> b					
	From	2013			
	From				
	From				
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2016 distributable amount			
<u> </u>		over from 2011 not applied (see instructions)			
		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2016 from Section D,			
	line 7:	·			
а	Applie	ed to underdistributions of prior years			
		ed to 2016 distributable amount			
		inder. Subtract lines 4a and 4b from 4			
5		ining underdistributions for years prior to 2016, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions			
6	Rema	ining underdistributions for 2016. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions			
7	Exces	ss distributions carryover to 2017. Add lines 3j			
	and 4	С			
8	Break	down of line 7:			
а					
b	Exces	ss from 2013			
С	Exces	ss from 2014			
		ss from 2015			
		ss from 2016			

Schedule A (Form 990 or 990-EZ) 2016

## CENTER FOR ARMS CONTROL AND

Schedule A	(Form 990 or 990-EZ) 2016 NON-PROLIFERATION	04-2693322 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pasection D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, ert V, Section B, line 1e; Part V,

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

2016

OMB No. 1545-0047

Name of the organization

CENTER FOR ARMS CONTROL AND NON-PROLIFERATION

Employer identification number

04-2693322

Organization type (cl	heck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 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	
Check if your organize	ation is covered by the General Rule or a Special Rule.	
lote: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General Rule		
	nization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	
Special Rules		
sections 509 any one con	nization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under $\Theta(a)(1)$ and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from stributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, 1900-EZ, line 1. Complete Parts I and II.	
year, total co	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for on of cruelty to children or animals. Complete Parts I, II, and III.	
year, contrib is checked, purpose. Do	nization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the butions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., on't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively aritable, etc., contributions totaling \$5,000 or more during the year	
•	ation that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),	

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) (2016)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
CENTER FOR ARMS CONTROL AND
NON-PROLIFERATION

Employer identification number

04-2693322

Part I	<b>Contributors</b> (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
CENTER FOR ARMS CONTROL AND
NON-PROLIFERATION

Employer identification number

04-2693322

Parti	Contributors (See instructions). Use duplicate copies of Part 1 if addition	nai 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 for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
CENTER FOR ARMS CONTROL AND
NON-PROLIFERATION

Employer identification number

04-2693322

Part II	Noncash Property (See instructions). Use duplicate copies of Pa	art 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
		   \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number CENTER FOR ARMS CONTROL AND 04-2693322 NON-PROLIFERATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CENTER FOR ARMS CONTROL AND NON-PROLIFERATION

**Employer identification number** 04-2693322

Schedule D (Form 990) 2016

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) Furius and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)  Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	l writing that the assets held in donor advis	sed funds
·	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structo	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	•	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conserva	ition easements during the year
_	<b>&gt;</b> \$		(1.)(4)(7)(2)
8	Does each conservation easement reported on line 2(d) above	•	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organization	on s illianciai statements that describes	the organization's accounting for
Par	conservation easements. t III   Organizations Maintaining Collections of	Art. Historical Treasures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (ASC		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		•
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (ASC		t and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ed	· ·	
	relating to these items:	1	3
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		

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

Pai	rt III Organizations Maintaining Co	ollections of Art,	Historical Trea	asures, or	Other S	Similar As	sets (continue	ed)
3	Using the organization's acquisition, accession	n, and other records,	check any of the fo	ollowing that	are a sign	ificant use of	f its collection ite	ems
	(check all that apply):							
а	Public exhibition	d	Loan or exch	nange progra	ms			
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's co	lections and explain h	now they further th	e organizatio	n's exemp	t purpose in	Part XIII.	
5	During the year, did the organization solicit or	receive donations of	art, historical treas	ures, or othe	r similar as	ssets		
	to be sold to raise funds rather than to be ma		•	•			Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang						rt IV, line 9, or	
	reported an amount on Form 990, Part		· ·					
1a	Is the organization an agent, trustee, custodia	ın or other intermedia	ry for contributions	or other ass	ets not ind	cluded		
	on Form 990, Part X?		-				Yes	No
b	If "Yes," explain the arrangement in Part XIII a							
		•	· ·				Amount	
С	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.		•				100	
	rt V Endowment Funds. Complete if							
	·	(a) Current year	(b) Prior year	(c) Two years		t) Three years	back (e) Four ye	ars back
1a	Beginning of year balance	1,244,664.	1,333,162.	1,345		1,133,2		20,516.
b	Contributions	, ,	-5,900.	-	,308.		,	
c	Net investment earnings, gains, and losses	95,722.	-18,914.		,735.	262,3	154. 15	57,632.
	Grants or scholarships	, . == •	,		,			,
	Other expenditures for facilities							
е		67,214.	63,684.	53	,379.	50	282.	44,906.
f		0,,221.			, , , , ,			
	Administrative expenses  End of year balance	1,273,172.	1,244,664.	1 333	,162.	1,345,3	114 1 1	33,242.
g 2	Provide the estimated percentage of the curre			· · · · ·	, = = = :			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Board designated or quasi-endowment		(iine rg, coluinin (a)) %	Tielu as.				
a	Permanent endowment 75.37		.70					
b	Temporarily restricted endowment ▶ 24	% I63						
С								
2-	The percentages on lines 2a, 2b, and 2c should be the percentages on lines 2a, 2b, and 2c should be the percentage of th	•	on that are hald an	d administars	d for the	araani <del>-</del> ation		
Sa	Are there endowment funds not in the posses	ision of the organizati	on that are neld an	a administere	ed for the	organization	\(\mathbb{V}_{\text{\tin}\exititt{\texi}\text{\text{\ti}\titt{\text{\text{\texi}\text{\text{\texi}\text{\texit{\text{\texi}\text{\text{\texi}\text{\texi}\text{\texi}\text{\texi}\tex{\texi}\text{\texititt{\text{\texi}\texit{\texi{\texi{\tex{	a Na
	by:							es No X
	(i) unrelated organizations							X
								<del>  ^</del>
	If "Yes" on line 3a(ii), are the related organizat						3b	
4 Pai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipme		ment tunas.					
ı uı			Dort IV line 11e C	Farm 000	Dort V lin	no 10		
	Complete if the organization answered						1 (85)	
	Description of property	(a) Cost or oth basis (investme		I		cumulated eciation	(d) Book v	alue
	Land	`	· ·		uepr	COIALIUII	21 5	505
_	Land			5,585.	E /	)E 442		585.
b	Buildings		1,44	3,541.	5(	05,443.	938,	098.
С	Leasehold improvements			F (()		EQ 200	1 7	274
d	Equipment	<b>I</b>		5,662.		58,288.		374.
	Other			0,592.		86,651.		941.
Tota	I. Add lines 1a through 1e. (Column (d) must ed	nual Form 990. Part X.	column (B), line 10	Oc.)		<b>)</b>	1,304,	998.

	Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11h See Form 990 P	art X line 12	
(a) Descrip	ption of security or category (including name of security)	(b) Book value			d-of-year market value
		(2) = 2 2 3 3 4 4 4 4 4	(5)		<b>,</b>
	to the condition that are also				
( <b>3)</b> Other	r-neia equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(G) (H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
i dit viii	_	F 000 D+ IV II	- 11- C F 000 D	aut V. lina 10	
	Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of va	aπ X, line 13.	d-of-year market value
(4)	(a) Secondition of investment	(S) DOOK VAIGO	(5) Wickliod of Va		a or your market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part IX	(b) must equal Form 990, Part X, col. (B) line 13.)  Other Assets.				
Faitix		F 000 D+ IV II	- 11d C F 000 D	ant V. line 45	
	Complete if the organization answered "Yes"	on Form 990, Part IV, III Description	e 11a. See Form 990, P	art X, line 15.	(b) Book value
(4)	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	umn (b) must equal Form 990, Part X. col. (B) line Other Liabilities.	<u>: 15.)</u>		<b>&gt;</b>	
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form	990, Part X, line 25	i
1.	(a) Description of liability		(b) Book value		
	deral income taxes				
$\overline{}$	APITAL LEASE LIABILITY		22,019. 46,732.		
(3) AN	NUITIES PAYABLE		46,732.		
(4)					
(5)					
(6)					
(7)					
(8)					
(8)					
(9)	umn (h) must squal Form 000. Port V. col. (P) line	251	68.751.		
(9) <b>Total. <sub>(Colι</sub></b>	umn (b) must equal Form 990, Part X, col. (B) line of for uncertain tax positions. In Part XIII, provide	•	68,751.	ancial statements t	hat reports the

632053 08-29-16

Schedule D (Form 990) 2016

Pai	t XI Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	892,373.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	65,698.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		-11,411.		
е	Add lines 2a through 2d			2e	54,287. 838,086.
3	Subtract line 2e from line 1			3	838,086.
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 XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)	<u></u>	5	838,086.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		Expenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			
1	Total expenses and losses per audited financial statements			1	905,915.
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				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	905,915.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С				4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			5	905,915.
Pa	rt XIII Supplemental Information.	•			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b a	and 2b; Part V, line 4	; Part X,	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional inform	ation.		
PAI	RT V, LINE 4:				
TO	ENSURE LONG-TERM FINANCIAL GROWTH AND	STABILITY	FOR THE FU	TURE	<u> </u>
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
CHZ	ANGE IN VALUE OF SPLIT INTEREST AGREEME	NTS			-11,411.

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CENTER FOR ARMS CONTROL AND NON-PROLIFERATION

Employer identification number 04-2693322

Part I Fundraising Activities. required to complete this par	Complete if the organization answe t.	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			<b>•</b>			
List all states in which the organization or licensing.	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt from re	gistration

632081 09-12-16

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

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016	NON_DDOT.TEEDATTO	٨
Schedule G (Form 990 or 990-EZ) 2016	MOM-EKOPIL FEWITO	T,

		le G (Form 990 or 990-EZ) 2016 NON-PRO				2693322 Page 2
Pa	rt I					
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			DECEDETON		NONE	(add col. (a) through
			RECEPTION (overt type)	(event type)	(total number)	col. <b>(c)</b> )
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	34,875.			34,875.
Re	•	Gross receipts	31/0/31			31,0,30
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	34,875.			34,875.
	4	Cash prizes				
	_	Nanagah minag				
တ္	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
жbе	Ū					
ot E	7	Food and beverages	931.			931.
Dire						
	8	Entertainment	1			
	9	Other direct expenses				0.21
	10	Direct expense summary. Add lines 4 through			_	931. 33,944.
Pa	rt I	Net income summary. Subtract line 10 from li <b>Gaming.</b> Complete if the organization	ne 3, column (a) answered "Yes" on Form	990. Part IV. line 19. or r	reported more than	33,944.
		\$15,000 on Form 990-EZ, line 6a.		, , , , , ,		
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Birigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Rev						
$\equiv$	1	Gross revenue				
	2	Cash prizes				
ses	_	Oddir prized				
Expenses	3	Noncash prizes				
Ě						
Direc	4	Rent/facility costs				
	_	O				
_	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	•					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	7	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	8 Ent	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	Yes No
а	8 Enti	Net gaming income summary. Subtract line 7	from line 1, column (d)  ucts gaming activities: ctivities in each of these s		<b>&gt;</b>	Yes No
а	8 Enti	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming and	from line 1, column (d)  ucts gaming activities: ctivities in each of these s		<b>&gt;</b>	Yes No
a b	Entils t	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming at No," explain:	from line 1, column (d) ucts gaming activities:ctivities in each of these	states?	<b>&gt;</b>	
a b 10a	Entils to	Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming and	from line 1, column (d) ucts gaming activities:ctivities in each of these	states?	<b>&gt;</b>	

Schedule G (Form 990 or 990-EZ) 2016

## CENTER FOR ARMS CONTROL AND

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2016 NON-PROLIFERATION U4-	<u>∠093</u>	<u>344</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—		
_	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9	9b 10	h 15h
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		55, 10	Σ, 10Σ,
	100, 10, alia 112, ao appiloazion no promo any diadrio minimiano mondro de m			
		-		

## CENTER FOR ARMS CONTROL AND

Schedule 6	G (Form 990 or 990-EZ)	NON-PROLIFERATION	04-2693322 Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Infor	mation (continued)	V
		(bontinada)	

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

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

16 Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CENTER FOR ARMS CONTROL AND NON-PROLIFERATION

**Employer identification number** 04-2693322

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SECURITY IN THE 21ST CENTURY, THEREBY RETAINING ITS FOCUS ON NUCLEAR WEAPONS BUT EXPANDING TO INCLUDE OTHER PRESENT EMERGING SECURITY THREATS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: EACH RESPONSIBLE PERSON ANNUALLY COMPLETES A DISCLOSURE FORM POSITIONS OR CIRCUMSTANCES IN WHICH THE IDENTIFYING ANY RELATIONSHIPS, RESPONSIBLE PERSON IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO 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 CONFLICT OF 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.

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. CHAIR REPORTS THE DISCLOSURE AT THE MEETING AND THE DISCLOSURES REFLECTED LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization CENTER FOR ARMS CONTROL AND NON-PROLIFERATION Employer identification number 04-2693322

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.
- E. RESPONSIBLE PERSONS WHO ARE NOT MEMBERS OF THE BOARD OF DIRECTORS OF

  CACNP, OR WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR

  TRANSACTION THAT IS NOT THE SUBJECT OF BOARD OR COMMITTEE ACTION, DISCLOSES

  TO THE CHAIR OR THE CHAIR'S DESIGNEE ANY CONFLICT OF INTEREST THAT SUCH

  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

Name of the organization CENTER FOR ARMS CONTROL AND NON-PROLIFERATION	Employer identification number 04-2693322
INDIVIDUAL WITH THE POTENTIAL CONFLICT DISCLOSES THE CIRCU	MSTANCES TO THE
CHAIR OR THE CHAIR'S DESIGNEE, WHO DETERMINES WHETHER A CO	NFLICT OF
INTEREST EXISTS THAT IS SUBJECT TO THIS POLICY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS SET BY THE B	OARD. THE BOARD
CONSIDERS THE COMPENSATION OF SIMILAR ORGANIZATIONS WHEN M	AKING THIS
DETERMINATION. THE EXECUTIVE DIRECTOR SETS THE COMPENSATI	ON OF THE STAFF
AFTER CONSIDERING THE BOARD'S GUIDANCE AND THE CENTER'S FI	NANCIAL BUDGET.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	251,577.
MANAGEMENT AND GENERAL EXPENSES	69,883.
FUNDRAISING EXPENSES	27,953.
TOTAL EXPENSES	349,413.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	349,413.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-11,411.