Form	990	

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

AF	or the	e 2017 calendar year, or tax year beginning and	ending		
Β	heck if	C Name of organization		D Employer identific	ation number
a	pplicabl	CENTER FOR ARMS CONTROL AND			
	Addre chang	e NON-PROLIFERATION			
	Name Chang	e Doing business as		04-26	593322
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return	820 1ST STREET, NE, SUITE LL-180		(202)	) 546-0795
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	3,850,509.
	Amen	WASHINGTON, DC 20002		H(a) Is this a group ret	turn
	Applic tion	F Name and address of principal officer: UORN IIERNEI		for subordinates?	? Yes X No
	pendir	<sup>ng</sup> SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
		empt status: 🗴 501(c)(3) 🗌 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) (	or 🗌 527	If "No," attach a I	ist. (see instructions)
		te: VWW . ARMSCONTROLCENTER . ORG		H(c) Group exemption	n number 🕨
KF	orm of	organization: 🔀 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 1980 M	l State of legal domicile: DC
Pa	art I	Summary			
đ		Briefly describe the organization's mission or most significant activities: A NO			
Activities & Governance		RESEARCH ORGANIZATION DEDICATED TO ENHANC	ING IN	<b>TERNATIONAL</b>	PEACE AND
erna	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net asse	
0 Vē					10
<u>م</u>		Number of independent voting members of the governing body (Part VI, line 1b)			10
es		Total number of individuals employed in calendar year 2017 (Part V, line 2a)			11
<u>viti</u>	6	Total number of volunteers (estimate if necessary)			50
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		678,904.	1,416,484.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
se		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		34,302.	1,139,541.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		124,880.	68,551.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		838,086.	2,624,576.
		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)		267,219.	439,060.
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)		620 606	001 411
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		638,696.	771,411.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		905,915.	1,210,471.
		Revenue less expenses. Subtract line 18 from line 12		-67,829.	1,414,105.
S OF			Be	ginning of Current Year	End of Year
Assets -	20	Total assets (Part X, line 16)	······	3,294,868.	5,175,002.
et A:		Total liabilities (Part X, line 26)		99,366.	339,269.
Ž		Net assets or fund balances. Subtract line 21 from line 20		3,195,502.	4,835,733.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	JOHN TIERNEY, EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Date Date	Check PTIN
Paid	R MICHAEL SORRELLS	018 self-employed P00001737
Preparer	Firm's name 🕒 TATE AND TRYON	Firm's EIN <b>52-1855942</b>
Use Only	Firm's address 2021 L STREET, NW SUITE 400	
	WASHINGTON, DC 20036	Phone no. (202) 293-2200
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
732001 11-2	8-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2017)
c	EE COUEDILLE O EOD ODCANTZANTON MICCION CHAMEMENEN CO	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	CENTER FOR ARMS CONTROL AND		
	990 (2017) NON-PROLIFERATION	04-26933	22 Page 2
Pa	rt III Statement of Program Service Accomplishments		T
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: A NON-PROFIT, NON-PARTISAN RESEARCH ORGANIZATION DEDICA	ጥፑር) ጥር	
	ENHANCING INTERNATIONAL PEACE AND SECURITY IN THE 21ST		
	THEREBY RETAINING ITS FOCUS ON NUCLEAR WEAPONS BUT EXPA		
	INCLUDE OTHER PRESENT EMERGING SECURITY THREATS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	<u>X</u>	Yes No
•	If "Yes," describe these new services on Schedule O.	• –	<b>→</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services If "Yes," describe these changes on Schedule O.	? ∟	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expr	enses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$479,839. including grants of \$) (Rev	venue\$	
	NON-PROLIFERATION: THE GOAL OF THE CENTER FOR ARMS CONT		
	NON-PROLIFERATION IS TO ENCOURAGE A REDUCTION IN NUCLEA		AND
	WEAPONS-GRADE MATERIALS; TO EDUCATE AND INFORM CONGRESS		
	ADMINISTRATION POLICY-MAKERS (DIRECTLY AND THROUGH POLI		
	VIA MEDIA OUTLETS) TO LEAD TOWARD LEGISLATIVE AND BUDGE		
	SUPPORT THAT GOAL; TO ENCOURAGE APPROPRIATE SUPPORT OF PROLIFERATION AND TO NEGOTIATE REDUCTIONS AND SECURE AN		
	FISSILE MATERIALS WORLD-WIDE. CENTER ENCOURAGES DIPLOMA		
	MILITARY RESPONSES WHENEVER POSSIBLE AND FEASIBLE CONCE		
	WITH IRAN, NORTH KOREA, RUSSIA, CHINA, ETC.		
4b	(Code:) (Expenses \$408 , 112 including grants of \$ ) (Rev		
	THE PENTAGON BUDGET CAMPAIGN WORKS TOWARD A MORE RATION		
	SECURITY POSTURE AND BUDGET WHICH NATURALLY WOULD LEAD		
	IN DEFENSE AND ENERGY DEPARTMENT SPENDING THAT IS CURRE DUE TO LACK OF PRIORITIZATION, INADEQUATE OVERSIGHT AND		
	REGIMES PRIOR TO DEPLOYMENT AS WELL AS FAILURES TO CREA		
	APPROACH THAT UTILIZES DIPLOMACY, AID AND OTHER ALTERNA		BGIC
	APPROPRIATELY. CENTER, WITH PBC, STRIVES TO ENCOURAGE R		T OF
	OUR DEFENSE STRATEGIES, REBALANCE OUR FORCE AND INVEST		
	MATCH OUR U.S. SECURITY MISSION, RESULTING IN MEANINGFU		
	LOWER RISK TO OUR MEN AND WOMEN IN UNIFORM.		
4c	(Code:) (Expenses \$58,559. including grants of \$) (Rev THE FISSILE MATERIALS WORKING GROUP (FMWG) IS A NON-GOV		
	COALITION OF OVER 80 CIVIL SOCIETY ORGANIZATIONS FROM A		WORLD
	WORKING TO PROVIDE ACTIONABLE POLICY SOLUTIONS TO KEEP		
	FROM NUCLEAR TERRORISM. SINCE SEPTEMBER 2017, IT HAS BE		
	CENTER FOR ARMS CONTROL AND NON-PROLIFERATION.		
۵d	Other program services (Describe in Schedule O.)		
τu	(Expenses \$ including grants of \$ ) (Revenue \$	١	
4e	Total program service expenses ► 946, 510.	,	
		F	orm <b>990</b> (2017
73200	2 11-28-17		
011			<b>7</b> 04 04
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Form	990 (2017) NON-PROLIFERATION 04-269	3322	Р	age <b>3</b>
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
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? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- U		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	, , ,	8		х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<b>°</b>		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	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		х	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."	<u>.</u>		
	complete Schedule G. Part III	19		х
		19	000	

Form **990** (2017)

	NON-PROLIFERATION 04-269	3322	P	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~ 4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		x
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
D.	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u>_</u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	1
				(2017)

Form	990 (2017) NON-PROLIFERATION		04-2693	322	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					9
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10			
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	eportab	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	11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ms?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		X
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 A	ccount	s (FBAR).			
	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 transa	ction?		5b		X 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	ne orga	nization solicit			
_	any contributions that were not tax deductible as charitable contributions?			6a		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			-		x
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a 7b		
				7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?			7c		x
А		7d		70		
	If "Yes," indicate the number of Forms 8282 filed during the year		?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			76 7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	N/	A
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		37/3			
-				8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
b	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:					
а	Initiation fees and capital contributions included on Part VIII, line 12 $_{ m N/A}$	10a				
b	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				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ו 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/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	1				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	le O		14b		

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а	The organization's CEO, I
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Form 990 (2017) Part

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#### S Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 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 books and records: CAIN FARMER (202)546-0795 \_ 820 SUITE LL-180 WASHINGTON DC 20002 1ST STREET NE, Form 990 (2017) 732006 11-28-17

6

NON-PROLIFERATION

Section A. Governing Body and Management

officer, director, trustee, or key employee?

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

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 0.

**b** Enter the number of voting members included in line 1a, above, who are independent

1a Enter the number of voting members of the governing body at the end of the tax year

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10

10

2

3

4

5

6

9

10a

1a

1b

X

No Yes

Х

Х

Х

Х

х

х

х

No

Х

Yes

VI	Governance, Management, and Disclosure	For each	"Yes"	response to	o lines 2	through	7b below,	and for a	"No"	response
	to line 8a, 8b, or 10b below, describe the circumstances,	processes,	, or cha	anges in Sc	hedule	O. See in	structions			

10a Did the organization have local chapters, branches, or affiliates?

5	Did the organization become aware during the year of a significant diversion of the organization's assets?
6	Did the organization have members or stockholders?
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or

of officers, directors, or trustees, or key employees to a management company or other person?

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other

Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

Did the organization delegate control over management duties customarily performed by or under the direct supervision

	more members of the governing body?	7a
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	
	persons other than the governing body?	7b
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	

8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
а	The governing body?	8a	Х			
b	Each committee with authority to act on behalf of the governing body?	8b	Х	ĺ		
۵	Is there any officer director tructed or key employed listed in Part VII. Section A, who cannot be reached at the			ſ		

Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O
3	is there any oncer, director, trustee, or key employee isted in rait vii, Section A, who cannot be reached at the

D	in res, did the organization have written policies and procedures governing the activities of such chapters, anniates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1 <b>1</b> a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailable	)	
	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 Schedule O)			

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Form 990 (2	2017) NON-PROLIFERATION	04-26
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, I	Highest Compensated
	Employees, and Independent Contractors	

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

(A)

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 (Ď), (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."

(**D**)

• 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.

 $(\mathbf{C})$ 

**(D)** 

Т

(E)

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	<b>I</b> than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar T	ndad I	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir				ted		organization	(W-2/1099-MISC)	from the
	related	stee (	ruste			ensa		(W-2/1099-MISC)		organization
	organizations	al tru:	onal t		l oye	comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnd	Ins	0#	Key	e Hi	For			
(1) EDWARD LEVINE	1.00									•
CHAIR		Х		X				0.	0.	0.
(2) PHIL COYLE	1.00									
SECRETARY		Х		Х				0.	0.	0.
(3) SAMUEL KNIGHT	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) SUSAN FLOOD BURK	1.00									
BOARD MEMBER		Х						0.	Ο.	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) SHARON SQUASSONI	1.00									
BOARD MEMBER		х						0.	0.	0.
(9) JAMES WALSH	1.00									
BOARD MEMBER		х						0.	0.	0.
(10) JOHN TIERNEY	20.00									
EXECUTIVE DIRECTOR				x				109,583.	0.	0.
(11) CAIN FARMER	20.00							, i		
CONTROLLER				x				35,230.	0.	5,635.
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732007 11-28-17	1							1		Form <b>990</b> (2017)

732007 11-28-17

Form 990 (2017)

7

	<u>990 (2017)</u> NON-PROL	FERATIC	N							04-26	<u>5933</u>	322	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box	not cl , unles	Pos heck id a di	more rson i irecto	Highest compensated Light of the stand sta	tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d s	ar com fr org an	(F) etimate nount other pensa rom th anizat d relat anizati	of tion e ion ed
		line)	Individ	Institu	Officer	Key en	Highe emplo	Former				0.9		
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	Sub-total Total from continuation sheets to Part VI								144,813.		0.		5,6	<u>35.</u> 0.
		, Section A							144,813.		0.		5,6	
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	÷			4
	compensation from the organization												Yes	1 No
3	Did the organization list any former officer,	director, or tru	ustee	e, ke	y en	nplo	yee,	or I	highest compensated en	nployee on	ſ		100	110
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		х
5	Did any person listed on line 1a receive or a											-		
	rendered to the organization? <i>If</i> "Yes," com	plete Schedule	e J fo	or su	ıch ı	bers	on .					5		Х
<u> </u>	tion B. Independent Contractors Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100.000 of comr	pensati	ion fro	m	
	the organization. Report compensation for	-	-											
	(A) Name and business	address	NC	ONE	7				<b>(B)</b> Description of s	ervices	C	<b>))</b> eamc	<b>C)</b> nsatio	n
			140		-				2000.19.10.11.01.0					
	Table succession of the design of the table of the design		-+ "							us the sur				
2	Total number of independent contractors (in \$100,000 of compensation from the organized structure).	•	ot lin	nitec	to to	thos (		τed	above) who received mo	ore than				
												Form	<b>990</b> (;	2017)

CENTER FOR ARMS CONTROL AND NON-PROLIFERATION

Form 990 (2017)

Check if Schedule O contains a response or note to any line in the Pet UI     Out with the Pet UI     Out and Description       age of the schedule of contains a response or note to any line in the Pet UI     Restor Restore     Peter or Restore Contains Decktore       b     Membership dues     1a     Image: Schedule of Contains Restore     Image: Schedule of Contains Restore       b     Membership dues     1b     Image: Schedule of Contains Restore     Image: Schedule of Contains Restore       d     Restore restore restore include data data     1a     Image: Schedule of Contains Restore       gradie     Generation Restore	Ра	rt VII							
and         and         Formation         file           b         Another ship dues         16         16           c         Find aking ownts         16         16           d         Comment grants (contributions)         16         14           d         Another contributions, gits, grants, and         11         1, 416, 484.           H         Total. Acid lines 1a 11         1, 416, 484.         1, 416, 484.           d         Total. Acid lines 2a 21         1, 416, 484.         1, 416, 484.           d         Generation and the fluid data data one         11         1, 416, 484.           d         Generation and the fluid data data one         11         1, 416, 484.           d         Generation and the fluid data one         11         1, 416, 484.           d         Generation and the fluid data one         11         1, 416, 484.           d         Generation and the fluid data one         11         1, 416, 484.           d         Generation and the fluid data one         11         1, 416, 484.           d         Generation and the fluid data one         11         1, 416, 484.           d         Generation and the fluid data one         11         1, 522.           d         G			Check if Schedule O conta	ains a response	or note to any line	(A)	Related or exempt function	Unrelated business	Revenuè excluded from tax under
Boold of the set of the	<i>(</i> ) ()	1 0	Ecdorated campaigns	10			revenue	levenue	512 - 514
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go of going of	ons Sir	f							
go of going of	ber	-			1,416,484.				
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go of going of	Cor anc	h				1,416,484.			
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g Total. Add lines 2a 21       Investment income (including dividends, interest, and other similar amounts).       4         a threat income (including dividends, interest, and other similar amounts).       4       41, 502.         4 income from investment of tax exempt bond proceeds       5         5 Royaties       0.         6 a Gross rents       64, 534.         0.       64, 534.         6 a Gross rents       0.         6 a Gross oront from sales of asses other than inventory       5         a Gross income from fundraising events (not including \$	e	2 a	L						
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3       Investment income (including dividends, interest, and other similar amounts).       41,502.       41,502.         4       Income from investment of tax-exempt bond proceds        41,502.       41,502.         5       Royalties       0.            6       a Gross rents       64,534.       64,534.        64,534.         6       A cross rents       0.       64,534.        64,534.          7       a Gross amount from sales of assets other than inventory       2,323,972.             9       a cross income from fundralsing events (not including \$ of contributions reported on line 10.) See       1,098,039.       1,098,039.       1,098,039.       1,098,039.       1,098,039.          9       a Gross rate of point gaming activities. See	Ъ	f	All other program service reve	nue					
other similar amounts)       41,502.       41,502.         4 income from investment of tax-exempt bond proceeds       41,502.       41,502.         5 Royatiles       64,534.       64,534.         6 a Gross rents       64,534.       64,534.         6 Less: rental expenses       64,534.       64,534.         7 a Gross amount from sales of assets other than inventory       0) Securities       0) Other         7 a Gross amount from sales of assets other than inventory       0) Securities       64,534.       64,534.         6 Gain or (loss)       0) Securities       0) Other       64,534.       64,534.         6 B Gross income from sales of assets other than inventory       0.52,323,972.       1,098,039.       1,098,039.         8 B Gross income from form fundraising events (not including 3 of contributions reported on line 1c). See       1,098,039.       1,098,039.       1,098,039.         9 A Gross income from gaming activities. See		g	Total. Add lines 2a-2f		►				
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5       Royatties       (i) Real       (ii) Personal         6 a       Gross rents       (iii) Real       (iii) Personal         6 Less: rental expenses       0.       64,534.       64,534.         7       a Gross amount from sales of assets other than inventory       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii						41,502.			41,502.
6 a Gross rents       (i) Peal       (ii) Personal         6 4, 534.       0.       (i) Personal         6 4, 534.       0.       (i) Personal         6 7 a Gross amount from sales of assets other than inventory       ii) Other       (ii) Other         7 a Gross amount from sales of assets other than inventory       iii) Other       (iiii) Other         2 Gross amount from sales of assets other than inventory       iiii) Other       (iiiiiiii) Other         6 a Gross income from fundraising events (not including \$		4			· · ·				
6 a Gross rents       64,534.         b Less: rental expenses       0.         c Rental income or (loss)       64,534.         d Net rental income or (loss)       (i) Securities         7 a Gross amount from sales of assets other than inventory       2,323,972.         b Less: cost or other basis and sales expenses       (i) Other         a Gross income from fundraising events (not including \$ of constitutions reported on line 1c). See       1,098,039.         8 a Gross income from fundraising events (not including \$ of constitutions reported on line 1c). See          Part IV, line 18       a         b Less: direct expenses       b         c Net income or (loss) from gaming activities.       b         10 a Gross sales of inventory, less returns and allowances       a         b Less: cots of ogods sold       b         c Net income or (loss) from gaming activities          11 a ADMINIETRATIVE FEES       S00039         4, 000.       4,000.         c       4         d All other revenue       900099         90009       17.       17.         e Total. Add lines 11a11d       4,007.         12       Total revenue. Se instructons.       2,624,576.       17.       0.       1,208,075.		5	Royalties						
b       Less: rental expenses       0.         c       Rental income or (loss)       64,534.         d       Net rental income or (loss)       64,534.         7       Gross amount from sales of assets other than inventory       0.         b       Less: cost or other basis and sales expenses       1,225,933.         c       Gain or (loss)       1,098,039.         8       Gross income from fundraising events (not including \$ of contributions reported on line tc). See       1,098,039.         9       Gross income from gaming activities. See       b         9       Gross sales of inventory, less returns and allowances       b         0       Net income or (loss) from gaming activities. and allowances       b         0       Net income or (loss) from sales of inventory       b         0       Net income or (loss) from sales of inventory       b         0       Net income or (loss) from sales of inventory       b         0       Net income or (loss) from sales of inventory       b         0       Net income or (loss) from sales of inventory       c         10       a Gross sales of inventory       b       c         11       ADMINISTRATIVE PEES       900099       4,000.         0       0       0       0<		_							
0       Description       64,534.       64,534.         c       Rental income or (loss)       64,534.       64,534.         d       Net rental income or (loss)       64,534.       64,534.         7       a Gross amount from sales of assets other than inventory       2,323,972.       64,534.       64,534.         b       Less: cost or other basis and sales expenses       1,225,933.       1,098,039.       1,098,039.         c       Gain or (loss)       0       1,098,039.       1,098,039.       1,098,039.         d       Net gain or (loss) from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       a       b         g       Gross income from gaming activities.       b       c       c         g       Gross income from gaming activities.       b       c       c         g       Gross sales of inventory, less returns and allowances       a       c       c         b       Less: cost of goods sold       b       c       c       c         c       Net income or (loss) from sales of inventory       c       c       c         d       Arrow proveme       Business Code       c       c       c         g       000059       17, 17, 17, 17				· · · ·					
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7 a Gross amount from sales of assets other than inventory       (i) Securities       (ii) Other         b Less: cost or other basis and sales expenses       1, 225, 933.       1, 298, 039.         c Gain or (loss)       1, 098, 039.       1, 098, 039.         d Net gain or (loss)       of       of         a Gross income from fundraising events (not including \$ of       of       of         c Contributions reported on line 1c). See       of       of         Part IV, line 18       a       of       of         b Less: direct expenses       b       of       of         c Ross income from gaming activities. See       of       of       of         Part IV, line 19       a       of       of       of         b Less: direct expenses       b       of       of       of         c Ross alses of inventory, less returns and allowances       a       of       of         a dlowances       a       of       of       of         c       Net income or (loss) from sales of inventory       of       of       of         10 a Gross alse of inventory, less returns and allowances       a       of       of       of         c       NEScellaneous Revenue       Business Code       of       of       <				,		64 524			64 524
assets other than inventory       2,323,972.         b Less: cost or other basis and sales expenses       1,225,933.         c Gain or (loss)       1,098,039.         d Net gain or (loss)       1,098,039.         a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       1         b Less: direct expenses       b         c Ross income from gaming activities. See Part IV, line 19       1         b Less: direct expenses       b         c Net income or (loss) from gaming activities. See Part IV, line 19       1         a dlowarces       a         b Less: core coloss sales of inventory, less returns and allowarces       1         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       1         b Less: cost of goods sold       b         c Net income or (loss) from sales of inventory       4         f N dallowarces       a         b Less: cost of goods sold       b         c Adlitor revenue       900099         d All other revenue       900099         gold of the revenue       900099         c Adl lowes 11a-11d       4,017.         c Total. Add lines 11a-11d       2,624,576.       17.       0.         golo						04,554.			64,554.
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and sales expenses       1,225,933.         c       Gain or (loss)       1,098,039.         d       Net gain or (loss)       1,098,039.         d       Net gain or (loss)       0         d       Sa Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18       a         b       Less: direct expenses       b         c       Net income or (loss) from fundraising events		h	•		2,323,572.				
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8 a Gross income from fundraising events (not including \$of contributions reported on line 1c). See Part IV, line 18a       a         b Less: direct expensesb       b         c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19a       a         b Less: direct expensesb       b         c Net income or (loss) from gaming activities. See Part IV, line 19a       b         c Net income or (loss) from gaming activities. See Part IV, line 19a       b         c Net income or (loss) from gaming activities and allowancesa       b         c Net income or (loss) from sales of inventory.       b         d All other revenue 900099       4,000.         t All other revenue 900099       17.         e Total, Acid lines 11a-11d       4,017.         12       Total revenue. See instructions.						1,098,039.			1,098,039.
including \$ of contributions reported on line 1c). See Part IV, line 18 a       a         b Less: direct expenses       b         9 a Gross income from gaming activities. See Part IV, line 19 a									, ,
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c       Net income or (loss) from fundraising events         9 a       Gross income from gaming activities. See         Part IV, line 19       a         b       Less: direct expenses         c       Net income or (loss) from gaming activities         10 a       Gross sales of inventory, less returns and allowances         a       b         c       Net income or (loss) from sales of inventory         Miscellaneous Revenue       Business Code         11 a       ADMINISTRATIVE FEES         900099       4,000.         4       4,000.         b	eve								
c       Net income or (loss) from fundraising events         9 a       Gross income from gaming activities. See         Part IV, line 19       a         b       Less: direct expenses         c       Net income or (loss) from gaming activities         10 a       Gross sales of inventory, less returns and allowances         a       b         c       Net income or (loss) from sales of inventory         Miscellaneous Revenue       Business Code         11 a       ADMINISTRATIVE FEES         900099       4,000.         4       4,000.         b	r Re		-	-					
c       Net income or (loss) from fundraising events         9 a       Gross income from gaming activities. See         Part IV, line 19       a         b       Less: direct expenses         c       Net income or (loss) from gaming activities         10 a       Gross sales of inventory, less returns and allowances         a       b         c       Net income or (loss) from sales of inventory         Miscellaneous Revenue       Business Code         11 a       ADMINISTRATIVE FEES         900099       4,000.         4       4,000.         b	the	b							
Part IV, line 19 a   b Less: direct expenses   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a ADMINISTRATIVE FEES   900099 4,000.   4,000. 4,000.   b Image: Comparison of Comparison o	0								
b Less: direct expenses b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   b b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a ADMINISTRATIVE FEES   900099 4,000.   b		9 a	Gross income from gaming ac	tivities. See					
b Less: direct expenses b   c Net income or (loss) from gaming activities   10 a Gross sales of inventory, less returns   and allowances a   b Less: cost of goods sold   b b   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a ADMINISTRATIVE FEES   900099 4,000.   b									
10 a Gross sales of inventory, less returns and allowances   and allowances   and allowances   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue   Business Code   11 a ADMINISTRATIVE FEES   900099   4,000.   b   c   d All other revenue   900099   17.   11 a Add lines 11a-11d   4,017.   2,624,576.   17.   0.   1,208,075.		b	Less: direct expenses	k					
and allowances a   b Less: cost of goods sold   c Net income or (loss) from sales of inventory   Miscellaneous Revenue Business Code   11 a ADMINISTRATIVE FEES   900099 4,000.   4,000. 4,000.   c 900099   d All other revenue   900099 17.   11 a Add lines 11a-11d   4,017. 4,017.   12 Total revenue. See instructions.		с	Net income or (loss) from gam	ing activities .	►				
b       Less: cost of goods sold       b          c       Net income or (loss) from sales of inventory            Miscellaneous Revenue       Business Code            11 a       ADMINISTRATIVE FEES       900099       4,000.          b		10 a							
c       Net income or (loss) from sales of inventory       Image: constraint of the second se									
Miscellaneous Revenue       Business Code       4,000.         11 a       ADMINISTRATIVE FEES       900099       4,000.       4,000.         b									
11 a       ADMINISTRATIVE FEES       900099       4,000.       4,000.         b		С							
b				e					
c					900099	4,000.			4,000.
d All other revenue       900099       17.       17.         e Total. Add lines 11a-11d <ul> <li>4,017.</li> <li>12 Total revenue. See instructions.</li> <li>2,624,576.</li> <li>17.</li> <li>17.</li> </ul>									+
e Total. Add lines 11a-11d       ▶       4,017.         12 Total revenue. See instructions.       ▶       2,624,576.       17.       0.       1,208,075.					000000	1	1		+
12         Total revenue. See instructions.         2,624,576.         17.         0.         1,208,075.		d	All other revenue				17.		
						,	17	0	1 208 075
	70000					2,022,070.	±/.	0.	Form <b>990</b> (2017)

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# CENTER FOR ARMS CONTROL AND Form 990 (2017) NON-PROLIFERATION Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in ti (A)	his Part IX (B)	(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(D) Program service expenses	Management and general expenses	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,	1 - 1 4 0 1	110 200	20 425	10 500
	trustees, and key employees	151,401.	118,386.	20,435.	12,580
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		100 500		
7	Other salaries and wages	233,518.	182,596.	31,519.	19,403
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	27,122.	21,207.	3,661.	<u>2,254</u> 2,245
0	Payroll taxes	27,019.	21,127.	3,647.	2,245
1	Fees for services (non-employees):				
а	Management				
b	Legal	3,115.	2,436.	420.	259
с	Accounting	22,125.	17,301.	2,986.	1,838
d	Lobbying				
е					
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)	426,248.	333,298.	57,533.	35,417
2	Advertising and promotion	488.	382.	66.	<u>35,417</u> 40
3	Office expenses	16,782.	13,123.	2,265.	1,394
4	Information technology	61,884.	48,389.	8,353.	5,142
5	Royalties				
6	Occupancy	35,389.	27,672.	4,777.	2,940
7	Travel	7,590.	5,935.	1,024.	631
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	3,166.	2,476.	427.	263
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	56,427.	44,122.	7,616.	4,689
3	Insurance	9,254.	7,236.	1,249.	769
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	NT CODI I ANDOLIC	79,508.	62,169.	10,733.	6,606
b		34,274.	26,800.	4,626.	2,848
c	REPAIRS AND MAINTENANCE	11,120.	8,695.	1,501.	924
d		4,041.	3,160.	545.	336
	All other expenses	-, • •	5,1000		
	Total functional expenses. Add lines 1 through 24e	1,210,471.	946,510.	163,383.	100,578
5 8	Joint costs. Complete this line only if the organization	-,	J = 0 , J = 0 •	100,000	100,570
6					
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Form 990 (2017)

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### CENTER FOR ARMS CONTROL AND Form 990 (2017) NON-PROLIFERATION Part 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				1		
	2	Savings and temporary cash investments	788,673.	2	3,202,331.		
	3	Pledges and grants receivable, net		1,150.	3	0.	
	4	Accounts receivable, net		98,123.	4	379,090.	
	5	Loans and other receivables from current and forme					
		trustees, key employees, and highest compensated	employees. Complete				
		Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified					
		section 4958(f)(1)), persons described in section 495	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing				
		employers and sponsoring organizations of section	501(c)(9) voluntary				
ß		employees' beneficiary organizations (see instr). Con	mplete Part II of Sch L		6		
Assets	7	Notes and loans receivable, net			7		
Ϋ́	8	Inventories for sale or use			8		
	9			31,553.	9	37,480.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10	Da 358,411.				
	b	Less: accumulated depreciation 10		1,304,998.	10c	260,449.	
	11	Investments - publicly traded securities	1,304,998. 1,070,371.	11	260,449. 1,295,652.		
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal lir		3,294,868.	16	5,175,002. 50,934.	
	17	Accounts payable and accrued expenses	29,160.	17	50,934.		
	18	Grants payable		18			
	19	Deferred revenue		1,455.	19	230,019.	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part	IV of Schedule D		21		
S	22	Loans and other payables to current and former offi	cers, directors, trustees,				
litie		key employees, highest compensated employees, a	nd disqualified persons.				
Liabilities		Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated			23		
	24	Unsecured notes and loans payable to unrelated thi	rd parties		24		
	25	Other liabilities (including federal income tax, payab	es to related third				
		parties, and other liabilities not included on lines 17-	24). Complete Part X of				
				68,751.	25	58,316.	
	26	Total liabilities. Add lines 17 through 25		99,366.	26	339,269.	
		Organizations that follow SFAS 117 (ASC 958), cl					
es		complete lines 27 through 29, and lines 33 and 34		1 700 114			
anc	27	Unrestricted net assets		1,720,114.	27	2,714,259. 1,161,931.	
Bala	28	Temporarily restricted net assets		515,845.	28	959,543.	
P	29			959,543.	29	959,543.	
Ъ		Organizations that do not follow SFAS 117 (ASC					
° or		and complete lines 30 through 34.					
Sets	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or equip			31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated incom		3,195,502.	32	1 025 722	
-	33	Total net assets or fund balances		3,294,868.	33	<u>4,835,733</u> 5,175,002.	
	34	Total liabilities and net assets/fund balances		3,494,000.	34	Form <b>990</b> (2017)	

	CENTER FOR ARMS CONTROL AND					
	1 990 (2017) NON-PROLIFERATION	04-	2693322	2	Page	<u>- 12</u>
Pa	rt XI 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	2,62	24,	,57	6.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2			
3	Revenue less expenses. Subtract line 2 from line 1	3	1,43			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,1			
5	Net unrealized gains (losses) on investments	5	2:	33,	,20	9.
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		-7,	,08	3.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	4,8	35,	<u>,73</u>	3.
Pa	rt XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	<u>. l</u>	
			_	Y	es	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	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?					X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	) <u> </u>	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
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?			;		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it			
	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 requi	ed audi	t			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		,		
			_	0		

Form **990** (2017)

SC	HEDULE A	Dublic C	harity Status on		ie Cu	nnart		OMB No. 1545-0047
(Form 990 or 990-EZ)			harity Status ar					2017
		Complete il the d	4947(a)(1) nonexempt cha					2017
	ment of the Treasury Revenue Service	Go to www.ir	Attach to Form 990 or s.gov/Form990 for instructi			formation		Open to Public Inspection
Nam	e of the organizati		RMS CONTROL AN		intest in		Employer	identification number
	-	NON-PROLIFER	ATION				0	4-2693322
Par	t I Reason	or Public Charity Statu	IS (All organizations must c	omplete this	part.) See	e instructions		
The c	organization is not a	private foundation because it	is: (For lines 1 through 12, c	heck only or	ne box.)			
1	A church, co	vention of churches, or assoc	iation of churches described	in section	170(b)(1)	(A)(i).		
2		ribed in section 170(b)(1)(A)						
3		a cooperative hospital service	•	•		•	() Eater	the been it all a second
4	A medical res	earch organization operated i 	r conjunction with a hospita	described in	Section	1 170(D)(1)(A)	(III). Enter	the hospital's hame,
5		on operated for the benefit of	a college or university owned	d or operated	d by a gov	/ernmental ur	nit describe	ed in
•		b)(1)(A)(iv). (Complete Part II.						
6		e, or local government or gov		section 170	(b)(1)(A)(	v).		
7 [	X An organizati	on that normally receives a su	ostantial part of its support f	rom a goverr	nmental u	nit or from th	e general p	oublic described in
	section 170(	)(1)(A)(vi). (Complete Part II.)						
8	A community	trust described in section 17	0(b)(1)(A)(vi). (Complete Par	t II.)				
9	•	l research organization descr					Ŭ,	U U
		r a non-land-grant college of	agriculture (see instructions).	Enter the na	ame, city,	and state of	the college	or
10	university:	an that normally readings (1)	nore than 22 1/20/ of its own	nort from on	ntribution	o montorch	in face on	d areas ressints from
10		on that normally receives: (1) ed to its exempt functions - s						
		nrelated business taxable inc						-
		609(a)(2). (Complete Part III.)						,
11 [		on organized and operated ex	clusively to test for public sa	fety. See se	ection 50	9(a)(4).		
12	An organizati	on organized and operated ex	clusively for the benefit of, to	perform the	e function	s of, or to ca	rry out the	purposes of one or
	more publicly	supported organizations des	cribed in section 509(a)(1)	or section 50	<b>09(a)(2)</b> . S	See <b>section 5</b>	5 <b>09(a)(3).</b> (	Check the box in
		ugh 12d that describes the ty		-			-	
а		pporting organization operation		•	-			
		ed organization(s) the power <sup>.</sup> n. <b>You must complete Part I</b>		a majority of	the direct	ors or trustee	es of the su	ipporting
b	<u> </u>	upporting organization super		tion with its	sunnorter	1 organization	h(s) by hav	ina
		anagement of the supporting						
		n(s). You must complete Par	•	ļ				
с	Type III fur	ctionally integrated. A supp	orting organization operated	in connectio	on with, a	nd functional	ly integrate	d with,
	its support	d organization(s) (see instruc	ions). You must complete	Part IV, Sec	tions A, D	), and E.		
d		n-functionally integrated. A					0	
		unctionally integrated. The or					an attentiv	reness
		: (see instructions). You mus						
е		box if the organization receive integrated, or Type III non-fur				турет, турет	і, туре ш	
f		of supported organizations	ctionally integrated support	ng organizat				
g		ng information about the sup	oorted organization(s).					
	(i) Name of supp		(iii) Type of organization (described on lines 1-10	(iv) Is the organiz in your governing	document?	(v) Amount of		(vi) Amount of other
	organizatior		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
				+				<u> </u>
<u>Total</u>		· · · · · · · · · · · · · · ·						
LHA	For Paperwork Re	duction Act Notice, see the	nstructions for Form 990 o	r 990-EZ. 7	732021 10-0	6-17 Sched	ule A (For	m 990 or 990-EZ) 2017

<sup>13</sup> 2017.05000 CENTER FOR ARMS CONTROL A 04-26931

#### Schedule A (Form 990 or 990 EZ) 2017 NON-PROLIFERATION

04-2693322 Page 2

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) 🕨	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	851,303.	1295718.	878,532.	678,904.	1416484.	5120941.
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	051 202	1005710	070 500	679 004	1416404	F100041
	Total. Add lines 1 through 3	851,303.	1295718.	878,532.	678,904.	1416484.	5120941.
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,						2207072
~	column (f)						2387872. 2733069.
	Public support. Subtract line 5 from line 4.						2733009.
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(a) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	851,303.	1295718.	(c) 2015 878,532.	678,904.	1416484.	5120941.
	Gross income from interest,	051,505.	1255710.	070,352.	070,5040	1110101.	5120941.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	100,477.	88,638.	98,417.	102,884.	106,036.	496,452.
a	Net income from unrelated business	100,17,0		50,117.	102,0010	100,0000	19071921
5	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.	9,432.	22,920.	17,323.	4,017.	57,692.
11	<b>Total support.</b> Add lines 7 through 10	·			,	,	5675823.
12		etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3)	
	organization, check this box and stop	-			-		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	<b>48.1</b> 5 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	<u>49.18 %</u>
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac		•		•	•	
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	publicly supported	organization		
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 7	10% or
	more, and if the organization meets the	ne "facts-and-circur	mstances" test, ch	eck this box and	<b>stop here.</b> Explair	n in Part VI how the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2017

732022 10-06-17

Part II

Schedule A (Form 990 or 990 EZ) 2017 NON-PROLIFERATION

#### 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	7 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
<b>4</b> Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			7		-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	7 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)	L					
<b>14 First five years.</b> If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) org	janization,
check this box and stop here						
Section C. Computation of Publi		•				
<b>15</b> Public support percentage for 2017 (I	ine 8, column (f) di	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2016					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20					17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2017. If the						ine 17 is not
more than 33 1/3%, check this box ar						▶∟
b 33 1/3% support tests - 2016. If the						
line 18 is not more than 33 1/3%, che						.tion ▶
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl			<b>&gt;</b>
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		15	)			

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1

2

3a

3b

3c

Yes No

## Schedule A (Form 990 or 990-EZ) 2017 NON-PROLIFERATION 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.)

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Schedule A (Form 990 or 990-EZ) 2017

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4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

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Part M         Supporting Organizations (continued)         Yes         No           11         Hate the organization acceletal a gift or contribution from any of the tollowing persons?         Image: Control (Control (Contro (Control (Control (Contro (Control (Contro) (Control	Sche	dule A (Form 990 or 990-EZ) 2017 NON-PROLIFERATION	04-269332	2 ра	age <b>5</b>
II         Has the originization accepted a gift or contribution from any of the following persons?         Image: https://doi.org/10.1111/j.j.j.j.j.j.j.j.j.j.j.j.j.j.j.j.j.	Par	t IV Supporting Organizations (continued)			
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belaw, the governing body of a supported organization?     b. A family methor of a person described in (§) or (§) above? If "Yes" to a. b. or cr. provide detail in Part VI.     Section B. Type I Supporting Organizations     Ves No     Topolat part of the directors, hustess, or membership of one or more supported organizations have the power to     module and part of next the steparted organization details in the during the     tars year? If Two, "describe in Part VI new the supported organization, details or (b) above? If "Yes" to a. b. or cr. provide detail in Part VI.     Controlled the directors, hustess, or membership of one or more supported organization, describe in Part VI new the supported organization, details or the organization at the trans than one support do any particelly or activities. If the organization and more than the supported     organization, describe in Part VI new the supported organization, details or excellence in the particeller or truttees were allocated among the supported     organization correctificate the supported organization of the text year.     2 Did the organization correctificate the supported organization of the supported     organization or catchifted the supported organization, describe in Part VI new control     or trustees of each of the organization is supported organization, describe in Part VI new control     or management of the supporting Organizations     Section C. Type II Supporting Organizations     Yes No     The organization provide to each of the supported organization, by the last day of the fifth month of the     organization of the organization is supported organization, and (li) copies of the     regular) supporting organizations     Yes No     The organization provide to each of the supported organization, by the last day of the fifth month of the     organization provide to each of the supported organization, by the last day of the fifth month of the     organization provide to each of the supported organization, by the last day of the sifth mo	11	Has the organization accepted a gift or contribution from any of the following persons?			
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C. A 35% controlled entity of a person described in [a) or (b) above?. If "Yes" to a, b, or c, provide detail in Part VI.     Section B. Type I Supporting Organizations     Ves No     Ded 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 is directors or trustees at all times during the     tax year? If "No," describe in Part VI now the supported organization of the torganization of the tax year?     describe how the powers to appoint and/or emove directors or trustees were allocated among the supported     organization operate for the benefit carry supported organization of the tax year?     Ded the organization supporting organization     describe how the powers to appoint and/or emove directors or trustees were allocated among the supported     organization operate for the benefit carry supported organization of the tax year is a majority of the providing super-Ned, or controlled the supported organization of the tax year allocated among the supported     organization operate for the benefit carry supported organization of the supported organization of the directors     or trustees of each of the organization is supported organization of the directors     or trustees of each of the organization was vested in the supported organization, and (i) couples of the     organization is supporting Organizations. Dy the last day of the fifth month of the     organization is governing documents in effect on the date of notification, and (ii) couples of the     organization's directory or trustees were supported organization's     were any of the organization was vested in the supported organization's     were any of the organization was vested in the supported organization and (ii) couples of the     organization's down on the directors or trustees the organization's     the supported organization was vested in the supported organization     the organization and the organization and (iii) couples of		below, the governing body of a supported organization?	11a		
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Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization.       2         Section C. Type II Supporting Organizations       Yes       No         1       Were a majority of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization we seted in the same persons that controlled or managed the supported organization supported organizations by the last day of the fifth month of the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a written notice describing the type and amount of support provided fund (ii) copies of the organization's officers, directors, or trustees effter (i) appointed organization(s).       Yes       No         1       Did the organization provide to each of its supported organization, the extent not previously provided?       Yes       No         2       Were any of the organization's officers, directors, or trustees effter (i) appointed organization(s).       1       1         2       Were any of the reganization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's supported organization's supported organization's apported organization's income or assets at all times during the save?       2       1         3       Section E. Type III Functionally Integrated Supporting Organizations. Complete line 3 below.       3       3       2	2	• • • • • •			
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supported organizations played in this regard.       3         Section E. Type III Functionally Integrated Supporting Organizations       Image: Construction of the method that the organization used to satisfy the Integral Part Test during the year (see instructions).         a       The organization satisfied the Activities Test. Complete line 2 below.       Image: Construction of the organization is the parent of each of its supported organizations. Complete line 3 below.         b       The organization subported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).         2       Activities Test. Answer (a) and (b) below.         a       Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organizations and explain how these activities doesnibut do substantially all of its activities.         b       Did the activities described in (a) constituted activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.         3       Parent of Supported Organizations? Involvement.         4       Did the organization have the power to regularly apoint or elect a majority of the officers, directors, or trustees of each of the supported organization? Provide details in Part VI.         b       Did the organization have the powere of direction over the policies, programs,					
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	h		Ja		
			3b		
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#### CENTER FOR ARMS CONTROL AND Schedule A (Form 990 or 990-EZ) 2017 NON-PROLIFERATION

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporting	y Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	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	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Sche Par	dule A (Form 990 or 990 EZ) 2017 NON-PROLIFERA			04-2693322 Page 7
	· · · · · · · · · · · · · · · · · · ·	allo Supporting Orga	nizations (continued)	Current Voor
	on D - Distributions	mat purpaga		Current Year
<u>1</u> 2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity	r purposes of supported		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		5	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
-	(provide details in <b>Part VI</b> ). See instructions.	ie ergamzatien ie reepenere		
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
_j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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					CONTROL	AND			
Schedule A	(Form 990 or 990-EZ) 2017	NON-PRC	)LIFE	ERATIC	)N			04-26933	22 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	2, 3b, 3c, 4b, ines 2 and 3; F	4c, 5a, 6 Part IV, 5	6, 9a, 9b, 9 Section E, I	)c, 11a, 11b, ai lines 1c, 2a, 2b	nd 11c; Part   o, 3a, and 3b;	IV, Section B, line Part V, line 1; Pa	s 1 and 2; Part IV, Se rt V, Section B, line 1	ection C,
732028 10-06-1	17				20		Sche	dule A (Form 990 or	990-EZ) 2017

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

,
Department of the Treasury
Internal Revenue Service

Organization type (check one):

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

### **Schedule of Contributors**

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

<u>2017</u>

Employer identification number

Name of the organization				
CENTER	FOR	ARMS	CONTROL	AND

NON-PROLIFERATION

04-2693322

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{X}$ 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 organization is covered by the General Rule or a Special Rule.

Note: 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**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(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 any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions  $e_{xclusively}$  for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an  $e_{xclusively}$  religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $e_{xclusively} = 1000 \text{ more} \text{ more}$ 

**Caution:** An organization 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), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization CENTER FOR ARMS CONTROL AND NON-PROLIFERATION

04-2693322

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>111,300.</u>	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		\$ <u>390,000.</u>	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
3		\$ <u>50,000.</u>	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$50,000.	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
5		\$147,000.	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
6		\$76,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2017)
723452 11-01	1-17		$330^{-12}$ , $330^{-12}$ , $330^{-11}$ (2017)

Name of organization CENTER FOR ARMS CONTROL AND NON-PROLIFERATION

04 - 2693322

#### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>7</u> -		\$43,500.	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
<u> </u>		\$40,000.	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
		\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

723452 11-01-17

2017.05000 CENTER FOR ARMS CONTROL A 04-26931

 $13081106 \ 790809 \ 04-2693322$ 

Schedule B (For	chedule B (Form 990, 990-EZ, or 990-PF) (2017)		
Name of organization			Employer identification number
CENTER FOR ARMS CONTROL AND			
NON-PROLIFERATION		04-2693322	
Part II No	oncash Property (see instructions). Use duplicate copies of Part II if ad	ditional space is needed	l.
(a)		(c)	

(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
		\$	90, 990-EZ, or 990-PF) (201

#### 13081106 790809 04-2693322

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<sup>2017.05000</sup> CENTER FOR ARMS CONTROL A 04-26931

Name of orga	nization		Employer identification num
CENTER	FOR ARMS CONTROL AND		
NON-PR	OLIFERATION		04-2693322
Part III	Exclusively religious, charitable, etc., con the year from any one contributor. Completing completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	e columns (a) through (e) and the following us, charitable, etc., contributions of \$1,000 or less	ection 501(c)(7), (8), or (10) that total more than \$1,0 J line entry. For organizations for the year. (Enter this info. once.) \$\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			_
		(e) Transfer of gift	
_	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
(-) N-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(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

723454 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Page 4

2017.05000 CENTER FOR ARMS CONTROL A 04-26931

13081106 790809 04-2693322

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			al Financial Statements		-	OMB No. 1545-0	047
(Forn	n 990)	Complete if the org Part IV. line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	, 2b.		ZUI	[
	ment of the Treasury I Revenue Service	▶	Attach to Form 990. 90 for instructions and the latest inform			Open to Pu Inspection	iblic
	e of the organizatio				Employer ide		umber
	-	NON-PROLIFERATION			04-	2693322	
Par	t I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds	or Acc	ounts. Cor	nplete if the	
	organizatior	n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b)	Funds and of	her accounts	
1		nd of year					
2		contributions to (during year)					
3		grants from (during year)					
4		end of year		م ما في سم ما م			
5	-	n inform all donors and donor advisors in a	-			Yes	No
6		n's property, subject to the organization's n inform all grantees, donors, and donor a					
0	•	oses and not for the benefit of the donor o	5 5		•		
		ate benefit?			-	Yes	No
Par		ation Easements. Complete if the or					
1		ervation easements held by the organization		,			
		of land for public use (e.g., recreation or e		torically ir	nportant land	area	
		f natural habitat	Preservation of a cert	•	-		
		of open space					
2	Complete lines 2a	through 2d if the organization held a quali	fied conservation contribution in the form	of a cons	ervation ease	ment on the la	ast
	day of the tax year	•			Held at th	ne End of the Ta	ax Year
а	Total number of co	nservation easements			2a		
b					2b		
с	Number of conserv	vation easements on a certified historic stru	ucture included in (a)	L	2c		
d	Number of conserv	vation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ıre			
	listed in the Nation	al Register		L	2d		
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiza	tion during the	e tax	
	year 🕨						
4		where property subject to conservation eas					
5		ion have a written policy regarding the per			_		<b>—</b>
-		prcement of the conservation easements it				_ Yes _	No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation	easements du	iring the year	
-							
7	<b>.</b> .	es incurred in monitoring, inspecting, hanc	aling of violations, and enforcing conservation	tion ease	ments during	the year	
•			a action the requirements of acation 170	μ)(4)(D)(i)			
8			• • •		Г	Yes	No
9		(4)(B)(ii)? he how the organization reports conservation					
5		le, the text of the footnote to the organization	•		-		
	conservation easer			and organ			
Par		tions Maintaining Collections of	Art, Historical Treasures, or Ot	her Sin	nilar Asset	s.	
		the organization answered "Yes" on Form					
1a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and	balance sheet	works of art,	
		s, or other similar assets held for public ext					t XIII,
	the text of the foot	note to its financial statements that descri	bes these items.				
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and bala	nce sheet wo	rks of art, hist	orical
	treasures, or other	similar assets held for public exhibition, ed	ducation, or research in furtherance of put	blic servic	e, provide the	e following am	ounts
	relating to these ite						
	(i) Revenue includ	ded on Form 990, Part VIII, line 1					
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financia	l gain, pro	ovide		
	-	ints required to be reported under SFAS 1					
а		on Form 990, Part VIII, line 1			► \$		
		Form 990, Part X			▶ \$		
		eduction Act Notice, see the Instructions	s for Form 990.		Schedule	e D (Form 99	0) 2017
732051	10-09-17		27				

<sup>13081106 790809 04-2693322</sup> 

	CENTER I	FOR ARMS CO	NTROL AND					
Sche		LIFERATION					93322	
Par	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	ner Sir	nilar Assets	continue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that are a	a signific	ant use of its c	ollection ite	ems
	(check all that apply):							
а	Public exhibition	d	Loan or excl	hange programs				
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	xempt p	urpose in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	ures, or other simi	ilar asse	ts		
	to be sold to raise funds rather than to be ma		<u>u</u>				Yes	No
Par	rt IV Escrow and Custodial Arrang		ete if the organization	n answered "Yes"	on Forn	n 990, Part IV, I	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi						_	
	on Form 990, Part X?					L	Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		_			
							Amount	
С	Beginning balance				L	1c		
d	Additions during the year				L	1d		
е	Distributions during the year				L	1e		
f	Ending balance				L	1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line :	21, for escrow or cu	stodial account lia	ability?	L	Yes	No No
_	If "Yes," explain the arrangement in Part XIII.							
Par	rt V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, lir	ne 10.			
		(a) Current year	(b) Prior year	(c) Two years back		hree years back	(e) Four y	ears back
1a	Beginning of year balance	1,273,172.	1,244,664.	1,333,162	2.	1,345,114.	1,1	33,242.
b	Contributions			-5,900	).	-27,308.		
с	Net investment earnings, gains, and losses	254,426.	95,722.	-18,914	1.	68,735.	2	62,154.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	63,670.	67,214.	63,684	1.	53,379.		50,282.
f	Administrative expenses							
g	End of year balance	1,463,928.	1,273,172.	1,244,664	1.	1,333,162.	1,3	45,114.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment 🕨		_%					
b	Permanent endowment ►65.55	%						
с	Temporarily restricted endowment	<u>4.45 %</u>						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held an	d administered for	r the org	anization	_	
	by:						Y	es No
	(i) unrelated organizations						3a(i)	<u> </u>
	(ii) related organizations						3a(ii)	<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Par	rt VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.		
	Description of property	(a) Cost or ot	• •	or other (c	) Accum	nulated	(d) Book v	/alue
		basis (investm	nent) basis (	(other)	depreci	ation		
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment			7,791.		,677.		,114.
	Other		32	0,620.	81	,285.		,335.
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990. Part >	K. column (B). line 10	)c.)		►	260	,449.
				-			D (Form 9	90) 2017

### CENTER FOR ARMS CONTROL AND NON-PROLIFERATION

#### Schedule D (Form 990) 2017 NON-PROLI Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	CAPITAL LEASE LIABILITY	14,088.	
(3)	ANNUITIES PAYABLE	44,228.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	58,316.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

732053 10-09-17

	CENTER FOR ARMS CONTROL A	ND				
Sche	Schedule D (Form 990) 2017 NON-PROLIFERATION			04-2	2693322	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,850	,702.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	233,209.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)		-7,083.			
е	Add lines 2a through 2d			2e		<u>,126.</u>
3	Subtract line 2e from line 1			3	2,624	<u>,576.</u>
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 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,624	,576.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		Expenses per l	Returr	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1	1,210	<u>,471.</u>
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	<b>2</b> b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,210	<u>,471.</u>
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.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,210	,471 <b>.</b>
Pa	rt XIII Supplemental Information.					

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

#### PART V, LINE 4:

TO ENSURE LONG-TERM FINANCIAL GROWTH AND STABILITY FOR THE FUTURE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS

-7,083.

732054 10-09-17

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

#### Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Employer identification number 04-2693322

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CENTER FOR ARMS CONTROL AND

SECURITY IN THE 21ST CENTURY, THEREBY RETAINING ITS FOCUS ON NUCLEAR

WEAPONS BUT EXPANDING TO INCLUDE OTHER PRESENT EMERGING SECURITY

THREATS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

NON-PROLIFERATION

FISSLE MATERIALS WORKING GROUP: SEE FORM 990, PART III, LINE 4C

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

IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE

RESPONSIBLE PERSON IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO

A CONFLICT OF INTEREST ARISING.

A. 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.

B. A DIRECTOR OR COMMITTEE MEMBER WHO PLANS NOT TO ATTEND A MEETING AT

 WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE BOARD OR COMMITTEE WILL ACT

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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Schedule O (Form 990 or 99	~	FOR	ABWG	CONTR	<u>от.</u>						Energia de antié	io o ti o n	Page 2
Name of the organization CENTER FOR ARMS CONTROL AND NON-PROLIFERATION							Employer identification number 04-2693322						
NON-FROLIFERATION										04-2095	777		
ON A MATTER IN	WHICH	THE	PERSO	N HAS	A	CONFLI	СТ	OF	INTERI	EST	DISCLOSES	то	THE
CHAIR OF THE M	₽₽₽₽₩₽	лтт	ᢑ᠋ᡘᢕᡣᡇ	᠕᠕ᡣᢑ᠋	וגדכ	г то т	יטס	CON			τνιμέρες	TH	7
CHAIR OF THE M	EETTING	АПП	FACIS	MAICO	(TA		пь		ILTCI	OF	INIERESI.	111	<u>د</u>
CHAIR REPORTS	THE DIS	CLOS	SURE A	T THE	ME	ETING	AND	TH	IE DISC	CLOS	SURES REFL	ECT	ED
IN THE MINUTES	OF THE	MEE	TING.										

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 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017)

 $13081106 \ 790809 \ 04-2693322$ 

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization CENTER FOR ARMS CONTROL AND	Page 2 Employer identification number
NON-PROLIFERATION	04-2693322
RESPONSIBLE PERSON. THE RESPONSIBLE PERSON REFRAINS FROM AN	NY ACTION THAT
MAY AFFECT CACNP'S PARTICIPATION IN SUCH CONTRACT OR TRANSP	ACTION. IN THE
EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST	EXISTS, THE
INDIVIDUAL WITH THE POTENTIAL CONFLICT DISCLOSES THE CIRCUM	ISTANCES TO THE
CHAIR OR THE CHAIR'S DESIGNEE, WHO DETERMINES WHETHER A CON	IFLICT 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 BOARD. THE BOARD

CONSIDERS THE COMPENSATION OF SIMILAR ORGANIZATIONS WHEN MAKING THIS

DETERMINATION. THE EXECUTIVE DIRECTOR SETS THE COMPENSATION OF THE STAFF

AFTER CONSIDERING THE BOARD'S GUIDANCE AND THE CENTER'S FINANCIAL BUDGET.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES333,298.MANAGEMENT AND GENERAL EXPENSES57,533.FUNDRAISING EXPENSES35,417.TOTAL EXPENSES426,248.TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A426,248.

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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS

-7,083.

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