Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public

| 1000 | Carried Control | information about 1 orm 350 and its instructions is at www.if | a.yuvmumaa | J | | | | | | | | |
|--------------------------------|--|--|-------------------|----------------|---|--|--|--|--|--|--|--|
| A | For th | e 2015 calendar year, or tax year beginning 01/01 , 2015, and endi | *** | 2/31 | , 20 15 | | | | | | | |
| В | | fapplicable: C Name of organization Nuclear Threat Initiative Inc | 1 | - | er identification number | | | | | | | |
| | Addres | s change Doing business as Nuclear Threat Initiative | | | 52-2289435 | | | | | | | |
| П | Name o | | uite | F Telepho | 72-2207433 200 number | | | | | | | |
| $\overline{\Box}$ | Initial re | | | = releptio | | | | | | | | |
| \exists | | | | | 202-296-4810 | | | | | | | |
| H | | | 1 | | | | | | | | | |
| \vdash | | ed return Washington, DC, 20006 | G Gross re | | | | | | | | | |
| Ш | Applica | tion pending F Name and address of principal officer: Sam Nunn | H(a) Is this a gr | oup return for | subordinates? Yes Vo | | | | | | | |
| | | 1747 Pennsylvania Ave NW, Ste 700, Washington, DC 20006 | | | s included? 🔲 Yes 🔲 No | | | | | | | |
| 1 | Tax-exc | empt status: | If "No," atta | .ch a list. (s | see instructions) | | | | | | | |
| J | J Website: ► www.ntl.org H(c) Group exemption number ► | | | | | | | | | | | |
| K | Form of | organization: ✓ Corporation Trust Association Other ► L Year of forms | tion: 2001 | M State | of legal domicile: GA | | | | | | | |
| P | art I | Summary | | | | | | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: Assis | t and support | activities | s which strengthen | | | | | | | |
| ø | 1 | global security by reducing the risk of use, and preventing the spread of, nuclear a | | | | | | | | | | |
| Activities & Governance | | (Continued on Schedule O, Statement 1) | id other weap | Olis Ol III | ass desiraction, | | | | | | | |
| Ę | 2 | Check this box ▶☐ if the organization discontinued its operations or disposed | of more than | 250/ -6 | *************************************** | | | | | | | |
| ŏ | 3 | Number of voting members of the governing hady /Part // live 4-1 | or more man | 1 20 1 | | | | | | | | |
| Ø. | | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 23 | | | | | | | |
| S | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 20 | | | | | | | |
| ığ. | 5 | | * * * * | 5 | 39 | | | | | | | |
| 를 | 6 | Total number of volunteers (estimate if necessary) | 36 1 1 1 I | 6 | 24 | | | | | | | |
| ď | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0 | | | | | | | |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0 | | | | | | | |
| | | | Prior Ye | ar | Current Year | | | | | | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 15 | 698,460 | 14,256,231 | | | | | | | |
| | 9 | Program service revenue (Part VIII, line 2g) | | 0 | 0 | | | | | | | |
| S. | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | -3,952 | 20.447 | | | | | | | |
| œ | 11 | Other = 144) | | | 21,667 | | | | | | | |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4 50 | 66,320 | 650 | | | | | | | |
| | 13 | | | ,760,828 | 14,278,548 | | | | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 3 | ,103,928 | 829,188 | | | | | | | |
| | 14 | 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) | 5, | ,655,211 | 5,949,402 | | | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 3,000 | 42,178 | | | | | | | |
| ž | ь | Total fundraising expenses (Part IX, column (D), line 25) ► 790,031 | | -33-1 | | | | | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 5, | 122,655 | 5,393,827 | | | | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 13, | 884,794 | 12,214,595 | | | | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 1 | 876,034 | 2,063,953 | | | | | | | |
| P S | | | Beginning of Cur | | End of Year | | | | | | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | 355,511 | 24,576,960 | | | | | | | |
| Age | 21 | Total liabilities (Part X, line 26) | | 631,185 | | | | | | | | |
| 포트 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | | 781,386 | | | | | | | |
| Pa | rt II | Signature Block | 21, | 724,326 | 23,795,574 | | | | | | | |
| _ | | | | | | | | | | | | |
| true | . correct | tles of perjury, I declare that I have examined this return, including accompanying schedules and state, and complete, Declaration of prepare (other than officer) is based on all information of which prepare | ments, and to the | a bast of m | y knowledge and bellef, it is | | | | | | | |
| | | A Committee of the comm | TIGO ally Kilowis | ugo. | | | | | | | | |
| c: | _ | Man Harry | | 11/10 | 0/16 | | | | | | | |
| Sig | | Signalula of officer | Date | 2 / | | | | | | | | |
| Her | e | Joak Rohlling, PRESIDENT AND COO | | | | | | | | | | |
| Type or print name and title | | | | | | | | | | | | |
| Pai | d | | ite, | Check [| T I PTIN | | | | | | | |
| | u parei | Joyce Underwood Joyce Underwood / | 1/10/16 | self-empl | | | | | | | | |
| | only | 11/1 | Firm | s EIN ► | 13-5381590 | | | | | | | |
| USt | = O111) | Firm's address ► 8401 Greensboro Drive Suite 800, McLean, VA 22102 | 6.570.0 | | 703-893-0600 | | | | | | | |
| May | the IR | S discuss this return with the preparer shown above? (see instructions) | Phon | 0.110. | Yes No | | | | | | | |
| | | property distributions (contractions) | | 2 2 2 | · FILES [] IAO | | | | | | | |

| 1 Birelly describe the organization's mission: The Nuclear Threat Initiatives' mission is to strengthen global security by reducing the risk of use and preventing the spread of nuclear, biological and chemical weapons, and to work to build the trust, transparency and security which are preconditions to the utilitized triffilment of the Non-Proliferation Treaty's goals and ambitions. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 | Part | | | | | | | | | | | |
|--|------|--|--|--|--|--|--|--|--|--|--|--|
| The Nuclear Threat Initiative's mission is to strengthen global security by reducing the risk of use and preventing the spread of nuclear, bloogical and chemical weapons, and to work to build the trust, transparency and security which are preconditions to the ultimate fulfillment of the Non-Proliferation Treaty's goals and ambitions. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-527? If "Yes," describe these new services on Schedule O. 1 Pets | 1. | Check if Schedule O contains a response or note to any line in this Part III | | | | | | | | | | |
| nuclear, Biological and chemical weapons, and to work to build the trust, transparency and security which are preconditions to the utilitate diffiliment of the Non-Proliferation Treaty's goals and ambitions. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? No If "Ves," describe these new services on Schedule O. 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. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)3 and 501(c)4) gradizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 2,562,355 including grants of \$ 365,460) (Revenue \$ 0) See Statement 2. 4b (Code:) (Expenses \$ 2,562,355 including grants of \$ 365,460) (Revenue \$ 0) See Statement 2. 4c (Code:) (Expenses \$ 4,102,266 including grants of \$ 174,530) (Revenue \$ 0) See Statement 2. | 1 | | | | | | | | | | | |
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| prior Form 990 or 990-E2? If Yes Po If the organization cease conducting, or make significant changes in how it conducts, any program services? Did the organization sease conducting, or make significant changes in how it conducts, any program services? Did the organization sease conducting, or make significant changes in how it conducts, any program services? If Yes Po No If Yes, describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services. Section 501(c3) and 501(d4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. 4a (Code: | | ulumate fulfillment of the Non-Proliferation Treaty's goals and ambitions. | | | | | | | | | | |
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| See Statement 2 | | the total expenses, and revenue, if any, for each program solvice reported. | | | | | | | | | | |
| See Statement 2 | | (Code:) (Expenses \$ 2.562.355 including grants of \$ 365.480) (Revenue \$ 0) | | | | | | | | | | |
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| 4c (Code:) (Expenses \$4.102,266 including grants of \$174,630) (Revenue \$0) See Statement 2 4d Other program services (Describe in Schedule O.) See Schedule O, Statement 2 (Expenses \$ | 70 | Con Chalamant 2 | | | | | | | | | | |
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| (Expenses \$ 259,278 including grants of \$ 240,078) (Revenue \$ 0) | 4d | Other program services (Describe in Schedule O.) See Schedule O. Statement 2 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | 4e | Total program service expenses ▶ 9,509,243 | | | | | | | | | | |

| Part | IV Checklist of Required Schedules | | | |
|------|---|-----|-----|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | ✓ | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | 1 | |
| 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 | | 1 |
| 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? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | 1 |
| 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 | | 1 |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | 1 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | √ |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | 1 |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 44. | 1 | |
| 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 | 11a | • | 1 |
| C | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | · · |
| 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 | | 1 |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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. | 11e | i | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | √ |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | ✓ |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | 1 | |
| 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 | / | |
| 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 | / | |
| 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 | • | ✓ |
| 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 (see instructions) | 17 | / | |
| 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 | • | / |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | → |

| Part | IV Checklist of Required Schedules (continued) | | | |
|----------|---|------------|----------|----------|
| | 4 | | Yes | No |
| 20 a | 3 1 | 20a | | 1 |
| 21 | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 | 20b | , | |
| 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 | 21 | √ | / |
| 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 | 1 | • |
| 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 | | 1 |
| b c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b | | |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 | 24d 25a | | √ |
| 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 | | |
| 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 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | ✓ |
| 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): | | | 8 |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | √ | |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | 1 | |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | √ | / |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II | 32 | | ✓ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i> | 33 | | ✓ |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | ✓ |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a 35b | | ✓ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | ✓ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | | , |
| 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. | 37 | ✓ | • |
| | | Form | 990 | (2015) |

| Par | 선생님 내가 하게 그리고 그리고 있다고 있다고 있는 이번 없었다. 이번 없었다면 이번 시간에 없는 것이 없었다면 이번 시간에 없는 그 생각이 되었다면 하나 하지 않는다면 하는데 | | | |
|----------|---|-------|-------|--------------|
| | 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 39 | | 103 | 140 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | 10,77 | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | 1 | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | 100 | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 39 | | | 153 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | 1 | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 10. | | - |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 1 |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)?." | 4a | | ✓ |
| b | If "Yes," enter the name of the foreign country: ▶ | N. | | y×. |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | Janes | la by | pub |
| - | (FBAR). | | 1100 | |
| .5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | √ |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5b | | ✓ |
| 6a | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| Vu | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | Ua | | _ |
| 2 | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | , AL. | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | - 7 | |
| | and services provided to the payor? | 7a | | 1 |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | ✓ |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | . W | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ✓ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | ✓_ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 0 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | |
| a | Sponsoring organizations maintaining donor advised funds. | 8 | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | 1 |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | - | |
| 10 | Section 501(c)(7) organizations. Enter: | 100 | EVA) | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | 7.5 | |
| 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: | | 34 | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 1.18 | 24 | |
| | against amounts due or received from them.) | | A 150 | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b 40° | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | 1 | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 10 | 15 1 | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| b | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | | 188 | |
| | the organization is licensed to issue qualified health plans | 45 | - 1 | |
| С | Enter the amount of reserves on hand | × 5A | 5.5 | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | / |
| | If "Vas." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | 14h | - | - |

Part VI

| Cool | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes. Check if Schedule O contains a response or note to any line in this Part VI | | | | |
|--------------|--|-------------------------------|----------|----------|-------------|
| Sect | ion A. Governing Body and Management | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 1a 23 | | 163 | NO |
| ь 2 3 | Enter the number of voting members included in line 1a, above, who are independent. Did any officer, director, trustee, or key employee have a family relationship or a business rany other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or | | 2 | 1 | |
| 4 5 | supervision of officers, directors, or trustees, or key employees to a management company or other Did the organization make any significant changes to its governing documents since the prior Form 99 Did the organization become aware during the year of a significant diversion of the organization | er person? . 90 was filed? | 3 4 5 | | √ √ √ |
| 6 7a b | Did the organization have members or stockholders? | by) members, | 7a | | ✓ |
| 8 | stockholders, or persons other than the governing body? | | 7b | | ✓ |
| a b 9 | The governing body? | t be reached at | 8a 8b | 1 | _ |
| Secti | ion B. Policies (This Section B requests information about policies not required by the | e Internal Rever | | ode.) | |
| | | | | Yes | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | | 10a | | ✓ |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body befor | | 10b | _ | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | e ming the form? | 11a | 1 | |
| 12a | The state of the s | | 12a | 1 | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | | 12b | 7 | - |
| С | Did the organization regularly and consistently monitor and enforce compliance with the process describe in Schedule O how this was done. | oolicy? If "Yes," | 12c | 1 | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | ✓ | |
| 14 15 | Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation | nd approval by | 14 | / | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | 1 | 20,000 |
| b | Other officers or key employees of the organization | | 15b | 1 | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or simil with a taxable entity during the year? | ar arrangement | 16a | 184 | 1 |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements? | safeguard the | 16b | | |
| Secti | on C. Disclosure | | 100 | - 1 | |
| 17 18 | List the states with which a copy of this Form 990 is required to be filed See Schedule O, Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar available for public inspection. Indicate how you made these available. Check all that apply. | | n 501(i | c)(3)s | only) |
| 19 | ✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in School Describe in School O whether (and if so, how) the organization made its governing document financial statements available to the public during the tax year. | nts, conflict of int | | | , and |
| 20 | State the name, address, and telephone number of the person who possesses the organizatio | n's books and re | cords: | • | |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

| Form 990 (2015) |
|-----------------|
|-----------------|

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

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

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

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

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

Check this box if poither the appairation per any related expenientian apparent of the control of the start o

| ☐ Check this box if neither the organization | tion nor any relate | d org | aniz | | | ompe | nsa | ated any currer | nt officer, director | , or trustee. | |
|--|--|---|-----------------------|---------|---------------|------------------------------|--------------|--|--------------------------------------|--|--|
| | | = | | | (C) | | | | | | |
| (A) | (B) | (do n | ot ch | | sition mor | e than | one | (D) | (E) | (F) | |
| Name and Title | Average hours per week (list any | box, unless person is both an officer and a director/trustee) | | | | | n an tee) | Reportable compensation from | Reportable compensation from related | Estimated amount of other | |
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations | |
| RE Turner III | 4 | | | | | | | | | | |
| Co-Chairman | 0 | 1 | | ✓ | | | | 0 | 0 | 0 | |
| Sam Nunn | 35 | | | | | | | | | | |
| Co-Chairman and CEO | 0 | 1 | | 1 | | | | 357,000 | o | 26,500 | |
| Desmond Brown | 40 | | | | | | | | | | |
| Vice Chair | 0 | ✓ | | 1 | | | | 274,185 | 0 | 51,602 | |
| Hamad Alkaabi | 4 | | | | | | | | | | |
| Member of the Board of Directors | 0 | ✓ | | | | | | 0 | o | 0 | |
| Alexey Arbatov | 4 | | | | | | | | re e | | |
| Member of the Board of Directors | 0 | ✓ | | | | | | 0 | o | 0 | |
| Liru Cui | 4 | | | | | | | | | 3 | |
| member of the Board of Directors | 0 | 1 | | | | | | 0 | o | 0 | |
| Michael Douglas | 4 | | | | | | | | | | |
| Member of the Board of Directors | 0 | 1 | | | | | | 0 | О | 0 | |
| Rolf Ekeus | 4 | | | | | | | | | | |
| Member of the Board of Directors | 0 | 1 | | | | | | 0 | o | 0 | |
| Gideon Frank | 4 | | | | - | | | | | | |
| Member of the Board of Directors | 0 | 1 | | | | | | 0 | 0 | 0 | |
| Eugene E Habiger | 4 | | | | | | | | | | |
| Member of the Board of Directors | 0 | 1 | | | | | | 0 | 0 | 0 | |
| Igor S Ivanov | 4 | | | | | | | | | | |
| Member of the Board of Directors | 0 | 1 | | | | | | 0 | 0 | 0 | |
| Riaz Mohammad Khan | 4 | | | | | | | | | | |
| Member of the Board of Directors | 0 | 1 | | | | | | o | 0 | 0 | |
| Jeong Kim | 4 | | | | | | | | | | |
| Member of the Board of Directors | 0 | 1 | | | | | | 0 | 0 | 0 | |
| Pierre Lellouche | 4 | | | | | | | | - | | |
| Member of the Board of Directors | 0 | 1 | | | | | | 0 | o | 0 | |

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

| | | | | | C) | | | | | |
|----------------------------------|--|-----------------------------------|---|---------|--------------|------------------------------|--------|--|----------------------------------|--|
| (A) | (B) | (do r | Position (do not check more than o box, unless person is both | | | e than o | one | (D) | (E) | (F) |
| Name and Title | Average hours per | box, | | | | an | from | Reportable compensation from related | Estimated amount of | |
| | week (list any | _ | fficer and a director | | | | | | other | |
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| Richard G Lugar | 4 | | | | | | | | | |
| Member of the Board of Directors | 0 | 1 | | | | | | 0 | o | 0 |
| Jessica T Mathews | 4 | | | | | | | | | |
| Member of the Board of Directors | 0 | 1 | | | | | | - 0 | 0 | 0 |
| Ronald L Olson | 4 | | | | | | | | | |
| Member of the Board of Directors | 0 | 1 | | | | | | 0 | o | 0 |
| Paul Ottelini | 4 | 0 | | | | | | | | |
| Member of the Board of Directors | 0 | ✓ | | | | | | 0 | O | 0 |
| Hisashi Owada | 4 | | | | | | | | | |
| Member of the Board of Directors | 0 | ✓ | | | | | l. | 0 | 0 | 0 |
| Malcolm Rifkind | 4 | | | | | | | | 74 1 | |
| Member of the Board of Directors | 0 | 1 | | | | | | 0 | 0 | 0 |
| Ellen O Tauscher | 4 | | | | | | | | | |
| Member of the Board of Directors | 0 | ✓ | | | | 1 | | 0 | 0 | 0 |
| Fujia Yang | 4 | | | | | | | | | |
| Member of the Board of Directors | 0 | 1 | | | | | | 0 | 0 | 0 |
| Joan Rohlfing | 45 | | | | | | | | | |
| President and COO | 0 | ✓ | | ✓ | | | | 341,604 | 0 | 61,415 |
| J Rutherford Seydel II | 4 | | | | | | | | | |
| Corporate Secretary | 0 | | | 1 | | | | 0 | 0 | 0 |
| Deborah Rosenblum | 40 | | | | | | | | | |
| Vice President | 0 | - 5 | | 1 | | | | 289,885 | 0 | 48,943 |
| Carmen McDougall | 40 | 47 | | | | | | | | |
| Vice President | 0 | | | 1 | | | | 228,918 | 0 | 52,620 |
| Page Stoutland | 40 | | | | | | | | | |
| Vice President | 0 | | | 1 | | | | 234,146 | 0 | 48,989 |
| Andrew Bieniawski | 40 | | | | | | | | | |
| Vice President | 0 | - 4 | | 1 | | | | 232,216 | o | 25,506 |

| Section A. Officers, Directors, Trus | tees, key E | mpio | yees | | | iigne | StU | ompensated E | mployees (cont | inuea) | | |
|---|----------------------------|--------------------------------|-----------------------|---------|---------------------|------------------------------|----------|--------------------------|----------------------------------|---------------|------------------------|---|
| | | l . | | | C) sition | | | | = 6 | | | |
| (A) | (B) | (do n | | | | e than | one | (D) | (E) | (F) | | |
| Name and title | Average hours per | | | | | is bot or/trus | | Reportable compensation | Reportable compensation from | | | |
| | week (list any | | | _ | 7 | _ | - | from | related | | other | |
| | hours for related | divi | ıstit: | Officer | Key employee | | Former | the organization | organizations (W-2/1099-MISC) | | pensation | on |
| | organizations | ecto | <u>F</u> | œ. | 뺡 | oyee | <u>ē</u> | (W-2/1099-MISC) | (** 27 1000 141100) | org | anizatio | |
| | below dotted line) | ¥ [| <u>a</u> | | loye | ° 9 | | 2 | | | d related Inization | |
| | mile) | Individual trustee or director | Institutional trustee | | n | Highest compensated employee | | | | Orga | ii iizatioi | 13 |
| Christopher Carr | 40 | | | | | 8 | + | | | - | | |
| CFO and Treasurer | 0 | | | ✓ | | | | 181,583 | | ו | 3 | 39,861 |
| Valeria MacPhail | 40 | | | | | | | | | | | |
| Director, Officer of the Hon Sam Nunn | 0 | | | | | ✓ | _ | 147,014 | | י י | 74 | 19,007 |
| Robert F Berls | 40 | | | | | | Ш | | | | | |
| Senior Advisor on Russia and Eurasia | 0 | | \vdash | _ | | / | | 204,717 | | <u> </u> | 4 | 19,918 |
| Diane Hauslein | 40 | | | | | , | | | :- | _ | No. | |
| Director of Administration Catherine Gwin | 0 | | | _ | | ✓ | - | 173,631 | (| 1 | 4 | 15,158 |
| Senior Director of Communications | 40 | | | | | 1 | | 163,739 | | , | | 12,828 |
| Margaret Hall | 40 | | \vdash | _ | | | H | 103,733 | | <u>'</u> | | 2,020 |
| Senior Director of Public Education and Outreach | 0 | | | | | 1 | | 133,972 | (|) | 4 | 1,463 |
| | | | | | | | | | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 3417-00-00-00-00-00-00-00-00-00-00-00-00-00 | | | | | | | | | | | | |
| | | - | - | _ | - | _ | H | | | - | | |
| | | | | | | | | | | | | |
| S | | | - | | | | - | | | | | |
| | | | | | | | | | | | | |
| 1b Sub-total | | | | - | | 74 | • | 2,962,610 | C | , | 58 | 3,810 |
| c Total from continuation sheets to Part | | | × 9 | | | | | | | | | |
| d Total (add lines 1b and 1c) | 9 9 3 | | e 3 | 0 9 | | | ▶ | 2,962,610 | C | 1 | 58 | 3,810 |
| 2 Total number of individuals (including but reportable compensation from the organization) | not limited zation ► 18 | to th | ose | list | ed a | above | e) wl | ho received mo | ore than \$100,0 | 00 of | | |
| | | | | | | | | | | - | Yes | No |
| 3 Did the organization list any former of | | , | | | , | | | , , | | | | |
| employee on line 1a? If "Yes," complete S | | | | | | | | | | 3 | | 1 |
| 4 For any individual listed on line 1a, is the | | | | | | | | | | | 158 | |
| organization and related organizations individual | greater tha | ın şı | 50,0 | JUU | r II | "Ye | s," i | complete Sch | eauie J for su | | 1 | |
| 5 Did any person listed on line 1a receive or | r accrue co | mner | Seati | | fron | n anı | · · | rolated organiz | ation or individu | 4 | 1 | |
| for services rendered to the organization? | | | | | | | | | | | | 1 |
| Section B. Independent Contractors | | , | | | | | | | | | | |
| Complete this table for your five highest or | ompensate | ed ind | lepei | nde | ent d | contr | acto | ors that receive | d more than \$1 | 00.000 o | f | |
| compensation from the organization. Rep | | | | | | | | | | | | ах |
| year. | | | | | | | | _ | | | | |
| (A) Name and business addr | ess | | | | | | | (B) Description of se | ervices | (C) Compen | | ====== |
| Steven Andreasen, 535 19th Street, Apt 34, Roches | ter, MN 5590 | 01 | | | | | Nat | ional security c | onsultant t | | 20 | 8,020 |
| Home Front Communications, 1121 14th St NW, Wa | | | 005 | | | | | bsite | | | | 4,862 |
| Robin Lee Perry, 738 Grand View Avenue, San Fran | ncisco, CA 9 | 4114 | | | | | Cor | nsulting | | | | 0,000 |
| Icon Management Strategic Solutions LLC, 1109 Wa | ashington S | treet, | Cap | e M | lay, | NJ 08 | | | | | 16 | 6,736 |
| Lincoln Loop LLC, 1802 Garnet Avenue, San Diego | | | | | | | | osite design and | | | 25 | 2,480 |
| 2 Total number of independent contractor | | | | | | | the | | ve) who | | | Va U |
| received more than \$100,000 of compensa | ation from th | ne org | janız | zatio | on 🕨 | - | | 7 | | | | |

| Pai | t VIII | | | manes or note to | vanvelina in thia | Doct VIII | | |
|---|--------|--|----------------------|-------------------|-------------------|--|--|--|
| | | Check if Schedule C | o contains a res | sponse or note to | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts nts | 1a | Federated campaigns | s 1a | 0 | I JANSSI ST | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues . | 1b | 0 | | | | |
| ts, (| c | Fundraising events . | | | | | | |
| Giff | d | Related organizations | | 0 | | | | |
| ns, | е | Government grants (cor | | 239,812 | | | | |
| er S | f | All other contributions, g | | 130172 50W | | | | |
| 를 든 | | and similar amounts not included above | | | | | field want to | |
| Contributions, and Other Sim | 9 | Noncash contributions inclu | | 12,543,699 | | | | |
| _ | h | Total. Add lines 1a-1 | <u> </u> | Business Code | 14,256,231 | | NO. | No. of the last of |
| Ĕ | 0- | | | Business Code | Erest Table | | | |
| eve | 2a | *************************************** | | - | | | | |
| 9 | b | *************************************** | | | | | | |
| Ē | d | *************************************** | | UL. I | | | | - |
| Š | e | | | an an | | | | |
| Program Service Revenue | f | All other program ser | | | 0 | 0 | 0 | 0 |
| - P | g | Total. Add lines 2a-2 | | | 0 | | TO STRUCK | A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | 3 | Investment income | | | | | | |
| | | and other similar amo | ounts) | 🛌 | 28,942 | 0 | 0 | 28,942 |
| | 4 | Income from investment of tax-exempt be | | ond proceeds | 0 | 0 | 0 | 0 |
| | 5 | Royalties | (i) Real | ▶ | 0 | 0 | 0 | 0 |
| | | | (i) Real | (ii) Personal | | | | |
| | 6a | Gross rents | 0 | | | Property of | | |
| | b | Less: rental expenses | 0 | | F10-1351-E1 | | | |
| | С | Rental income or (loss) | 0 | | | ESCALIDITION OF | | |
| | d | Net rental income or (Gross amount from sales of | (i) Securities | (ii) Other | 0 | 0 | 0 | 0 |
| | 7a | assets other than inventory | | | | Very ver 1 1 | | |
| | ь | Less: cost or other basis | 12,537,635 | 0 | | | ngut per un | |
| | | and sales expenses . | 12,544,910 | 0 | | | | |
| | c | Gain or (loss) | -7,275 | | | | | |
| | d | | -7,273 | | -7,275 | 0 | 0 | -7,275 |
| enne | 8a | Gross income from fu | | | -1,213 | | | *1,213 |
| Other Rever | | events (not including \$ of contributions reported | o ed on line 1c). | | | | | |
| <u>-</u> | | See Part IV, line 18 . | | o | | | | |
| 높 | b | Less: direct expenses | s b | 0 | 7-17 | | | |
| • | | Net income or (loss) fi | | events . | 0 | | 0 | 0 |
| | 9a | Gross income from ga | | | | | | THE PARTY OF |
| | | See Part IV, line 19 . | | 0 | | W State | | |
| | b | Less: direct expenses | | | | | | |
| | C | Net income or (loss) fr | | ivities • | 0 | 0 | 0 | 0 |
| | 10a | Gross sales of in | | | | 100 4 20 20 10 | | |
| | ١. | returns and allowance | _ | | | | | |
| | b | Less: cost of goods so | | | | | Commission of the Commission o | Service Comme |
| | С | Net income or (loss) fr | | Business Code | 0 | 0 | 0 | 0 |
| | 11a | | evenue | | 050 | | | 050 |
| | b | Misc Income | | 813410 | 650 | 0 | 0 | 650 |
| | C | | | | | | | |
| | d | All other revenue . | | | 0 | 0 | 0 | 0 |
| | e | Total. Add lines 11a- | | | 650 | | | E NATION DESCRIPTION |
| | 12 | Total revenue. See in | | <u> </u> | 14,278,548 | 0 | 0 | 22,317 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses Do not include amounts reported on lines 6b, 7b, (B) Program service (A) Total expenses Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 214,000 214,000 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 . . . 615,188 615,188 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 2,494,982 1,499,224 754.898 240,860 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 0 Other salaries and wages 7 2,606,770 2,228,421 309,382 68,967 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 249,939 139.997 79.616 30,326 Other employee benefits 9 313,061 175,353 99,723 37,985 10 Payroll taxes 284,650 204,197 60,004 20,449 Fees for services (non-employees): 11 Management 0 а Legal b 42,600 42,600 0 Accounting C 74,255 0 74.255 0 Lobbying d 0 0 0 0 е Professional fundraising services. See Part IV, line 17 42,178 42,178 Investment management fees f 0 0 0 0 Other, (If line 11g amount exceeds 10% of line 25, column g (A) amount, list line 11g expenses on Schedule O.) . . . 2,502,532 64,908 2,357,871 79,753 12 Advertising and promotion 1,466 681 O 785 13 Office expenses 289,257 219,470 48,895 20,892 14 Information technology 185,172 126,001 40,358 18,813 15 0 0 0 16 Occupancy 709,014 397,269 225,755 85,990 17 721.457 594,556 51,400 75,501 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings . 748,499 666,179 31,147 51,173 20 0 0 0 21 Payments to affiliates 0 0 0 0 22 Depreciation, depletion, and amortization . 2,880 23,716 13,283 7,553 23 61,922 36,837 18,166 6,919 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b C d e All other expenses 6,560 33,937 20,716 6,661 Total functional expenses. Add lines 1 through 24e 25 9,509,243 790,031 12,214,595 1,915,321 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Form 990 (2015)

Part X Balance Sheet

| | artx | Check if Schedule O contains a response or note to any line in this Par | t X | | |
|-----------------------------|----------|---|--------------------------|----|------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | 1 | |
| | 2 | Savings and temporary cash investments | 12,950,236 | 2 | 16,726,637 |
| | 3 | Pledges and grants receivable, net | 7,199,364 | 3 | 4,628,154 |
| | 4 | Accounts receivable, net | 16,115 | 4 | 34,905 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | | |
| " | - | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | | |
| Assets | , | Notes and loans receivable, net | 0 | 6 | |
| 155 | 7 | Inventories for sale or use | 0 | 7 | |
| • | 8 | 전 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10 | 0 | 8 | 12.22 |
| | 9 10a | Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1.051.910 | 121,387 | 9 | 89,869 |
| | ١. | 1,001,010 | | | |
| | b | Less: accumulated depreciation 10b 1,005,642 | 27,666 | | 46,268 |
| | 11 | Investments – publicly traded securities | 3,040,743 | 11 | 3,051,127 |
| | 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 | School Control Control |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 23,355,511 | 16 | 24,576,960 |
| | 17 | Accounts payable and accrued expenses | 260,648 | | 603,291 |
| | 18 | Grants payable | 1,332,504 | 18 | 129,539 |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D . | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and | | | |
| ≣∣ | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| 믿 | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| _ | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | 24 | |
| | 20 | parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 38,033 | 25 | 48,556 |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,631,185 | 26 | 781,386 |
| ses | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34. | | | |
| Ĕ | 27 | Unrestricted net assets | 14,653,824 | 27 | 19,285,657 |
| ह्य | 28 | Temporarily restricted net assets | 7,070,502 | 28 | 4,509,917 |
| اق | 29 | Permanently restricted net assets | 0 | 29 | 0 |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. | | | |
| <u> </u> | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Se | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| ¥ | 32 | Retained earnings, endowment, accumulated income, or other funds . | | 32 | |
| Ę | 33 | Total net assets or fund balances | 21,724,326 | 33 | 23,795,574 |
| - | 34 | Total liabilities and net assets/fund balances | 23,355,511 | 34 | 24,576,960 |
| | | | ==,200,011 | | Earm QQ0 (2015 |

| | | | | | 490 . - |
|------|--|----------|--------|------------------------|----------------|
| Par | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | •6 | | (| V |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 14,27 | 8,548 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 12,21 | 4,595 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 2,06 | 3,953 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 21,72 | 4,326 |
| 5 | Net unrealized gains (losses) on investments | 5 | | - 14 | 1,706 |
| 6 | Donated services and use of facilities | 6 | | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 9,001 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | | 23,79 | 5,574 |
| Part | XII Financial Statements and Reporting | | | | - |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| _ | A | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other | -1-1-1 | - 1 | 1 | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O. | piain ii | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | E COLUMN | - |
| 28 | If "Yes," check a box below to indicate whether the financial statements for the year were compared by an independent accountant? | | | | Y |
| | reviewed on a separate basis, consolidated basis, or both: | piled 0 | united | | 1 |
| | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | 1 | 7 = 1 1 |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audit | | | NAME OF TAXABLE PARTY. | (US) |
| | separate basis, consolidated basis, or both: | Ju 011 1 | (ICC) | | H. |
| | ✓ 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 or | versiah | t | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent according | | | 1 | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | plain ir | 1 | 1999 | |
| | Schedule O. | | | 4.5 | 7.9 |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set | forth in | 1 | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | 1 |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? | | e | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | udits. | 3b | | |
| | | | For | n 990 | (2015) |
| | | | | | / |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

Name of the organization

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2015

Open to Public Inspection

Employer identification number **Nuclear Threat Initiative Inc** 52-2289435 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) FIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in vour governing (described on lines 1-9 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

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Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 4,606,893 3,970,774 17,387,801 15.968.460 14,256,231 56,190,159 2 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 0 0 0 4 Total. Add lines 1 through 3. . . . 4,606,893 3,970,774 17,387,801 15,968,460 14,256,231 56,190,159 The portion of total contributions by 5 each person (other than governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 44,500,431 Public support. Subtract line 5 from line 4. 11,689,728 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Amounts from line 4 56,190,159 4,606,893 3,970,774 17,387,801 15,968,460 14,256,231 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources 37,413 30.869 17,041 13,970 28,942 128,235 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 782 3,810 66,320 71,562 Total support. Add lines 7 through 10 11 56,389,956 Gross receipts from related activities, etc. (see instructions) 12 0 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 20.73 % 15 15 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported **V**

b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here, Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

| Sect | ion A. Public Support | | | ************************************** | | | |
|--------|---|-----------------|------------------|--|-----------------|----------------|-------------|
| Caler | ndar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | 0 | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| | | | | | | | |
| 4 | Tax revenues levied for the organization'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 | | | | | ē: | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | 1 | |
| | persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | 8.1 | | | | 1 | |
| | | | | | | | |
| С 8 | Add lines 7a and 7b | No. of the last | PER LUCISION NO. | - PER | 15 JS 100 JS 50 | | |
| ŭ | line 6.) | | | | | | |
| Secti | ion B. Total Support | | | | | | <u>.</u> |
| | dar year (or fiscal year beginning in) | (a) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) 2015 | (f) Total |
| 9 | Amounts from line 6 | (4) = 0 | (2) 2012 | (0) 20.0 | (4) 2011 | (0) 20.0 | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties and income from similar sources . | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| - 6 | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | 5. |
| | 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 | | | | (9) | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | 1 | | | | × |
| 14 | First five years. If the Form 990 is for the | e organization | 'e firet secon | d third fourth | or fifth tay ve | ar as a sectio | n 501(c)(3) |
| | organization, check this box and stop he i | 140 | | | | | _ |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2015 (line 8 | | | 3, column (f)) | | 15 | % |
| 16 | Public support percentage from 2014 Sch | | | | | 16 | % |
| Secti | on D. Computation of Investment Inc | | | | | | |
| 17 | Investment income percentage for 2015 (I | ine 10c, colum | nn (f) divided b | y line 13, colur | nn (f)) | 17 | % |
| 18 | Investment income percentage from 2014 | | | | | 18 | % |
| 19a | 331/3% support tests—2015. If the organi | | | | | | |
| | 17 is not more than 331/3%, check this box | - | - | | | - | _ |
| b | 331/3% support tests—2014. If the organiz | | | | | | |
| 20 | line 18 is not more than 331/3%, check this bearing the private foundation. If the organization did | | _ | | | | _ |

Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and F. If you checked 11d of Part I. complete Sections A and D. and complete Part V.)

| Section A. All Supporting O | rganizations |
|-----------------------------|--------------|
|-----------------------------|--------------|

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

| ecti | ion A. All Supporting Organizations | Ω | | |
|--------|---|-------|-------|-------|
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | | |
| 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). | 2 | | |
| За | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | 3a | | ite i |
| 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. | 3b | | 3/1 |
| С | 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. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below. | 4a | | - |
| 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. | 4b | | |
| С | 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. | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | 1 = 1 | |
| 6 | Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 | 5c | | |
| 7 | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 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). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | | |
| b c | 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? <i>If</i> "Yes," <i>provide detail in Part VI.</i> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | 9b | | |
| | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9с | | |
| l0a | 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 | TO HE | exc. | |

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a

10b

| Part | IV Supporting Organizations (continued) | | | |
|----------|--|---------|---------|----------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | 100 | | 100 |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | _ |
| | 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. | 110 | | <u> </u> |
| Jecu | on b. Type i Supporting Organizations | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | N III | 103 | 110 |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | 11.3 | H. | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | E P | 931 | 1 |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | 7/1/2 |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | 0.710 | - 30 |
| | | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | 7/8 | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | 133 | | |
| | supervised, or controlled the supporting organization. | 2 | 200 | |
| Secti | on C. Type II Supporting Organizations | | | |
| Occi | on o. Type it supporting organizations | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | 100 | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | 100 | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | b.ui | |
| - 9 | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | | |
| 2 | | 1 | - 1 | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | - | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | X 3 1 | | الآف |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 2 510 | | |
| | supported organizations played in this regard. | 3 | | |
| Secti | on E. Type III Functionally-Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | instruc | ctions | s): |
| а | ☐ The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s | see ins | tructio | ons). |
| 2 | Activities Test, Answer (a) and (b) below. | ſ | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | 100 | |
| <u> </u> | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | SIL | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | 118 | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | TO A | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | 100 | = 3 | H. H |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | 3,11 | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | 100 | LIKE | |
| _ | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | 3.3 | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | ioni | F 325 | |
| | trustees of each of the supported organizations? <i>Provide details in Part VI</i> . | 3a | 1000 | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | 4.0 | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or | gani | izations | |
|---|-------|---------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization. | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | 1 | |
| 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 | | al . |
| 7 Other expenses (see instructions) | 7 | - | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | 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-functionall instructions). | y-int | egrated Type III supporti | ing organization (see |

| Part | V Type III Non-Functionally Integrated 509(a)(| 3) Supporting Organi | zations (continued) | |
|------|---|--|--|---|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers ex- organizations, in excess of income from activity | empt purposes of suppo | rted | |
| 3 | Administrative expenses paid to accomplish exempt purp | ooses of supported orga | nizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions. | ch the organization is res | ponsive | |
| 9 | Distributable amount for 2015 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| S | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2015 | (iii) Distributable Amount for 2015 |
| _1_ | Distributable amount for 2015 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) | | | |
| 3 | Excess distributions carryover, if any, to 2015: | | | |
| а | | | | |
| b | | | | |
| С | | The state of the s | | |
| d | From 2013 | | | |
| е | From 2014 | | | |
| f | Total of lines 3a through e | 151 | | |
| g | Applied to underdistributions of prior years | | | |
| h_ | Applied to 2015 distributable amount | | | |
| i_ | Carryover from 2010 not applied (see instructions) | | | |
| i_ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | TECHNICON ACCOUNT | |
| 4 | Distributions for 2015 from Section D, line 7: | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2015 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | lä l | | |
| 5 | Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). | | | |
| 6 | Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). | | | |
| 7 | Excess distributions carryover to 2016. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| b | | | | |
| С | Excess from 2013 | | | WALL TO SELECT |
| d | Excess from 2014 | REXTENSE LINE | | |
| е | Excess from 2015 | | | |
| | | | Cabadula A | (Form 990 or 990-EZ) 2015 |

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|------------------|--|
| Schedule A | , Part II, Line 10 - Miscellaneous sources of income from various entities not contributions or sales of assets. |
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Schedule A, Part VI, Statement 1

Form: Schedule A Page: 2 Line Number: Nuclear Threat Initiative Inc 52-2289435

Facts And Circumstances Test Explanations

Facts And Circumstances Test

NTI normally receives a substantial part of its support from direct or indirect contributions from the general public. NTI also meets certain other requirements; the pertinent factors set forth in the regulations are discussed below: Ten percent-of-support limitation: Based on support over previous years, NTI anticipates that its public support will continue to range between 10 and 35 percent of total support. Attraction of public support: NTI receives support primarily from a number of individual donors, foundations and public charities, NTI's fundraising department has also developed a database of approximately 100,000 supporters who follow NTI's activities through its website and email and direct mail distributions. These supporters periodically donate to NTI through year end solicitations, upon receipt of NTI's annual report or for other reasons. NTI intends to continue this pattern of solicitation, and also hopes to further build support from the general public through its donor database, and other means. Percentage of financial support: As noted above, NTI expects that its public support will continue to consistently range between 10 and 35 percent. In FY09, support was 29.18%, In FY10, support was 25.42%; in SY10, support was 21.86%, in FY11, support was 19.05%, In CY12, support was 15.45% in FY13 support was 14.8% and in FY14 support was 15.89%. The ranges are comfortably within the 10 percent facts-and-circumstances test as prescribed in section 170(b)(1)(A)(v1) and should therefore be favorably regarded. Sources of Support: NTI anticipates that it will continue to receive support from individual, but unrelated donors, foundations and public charities. Representative governing body: NTI has a governing body representative of the broad interests of the public, including various public officials, community leaders and security and policy experts during 2015. The board included: R.E Turner, Chairman of Turner Enterprises, Founder of CNN * Sam Nunn, Former U.S Senator * Ambassador Hamad Alkaabi, Permanent Representative, UAE to the IAEA and UAE Special Representative for International Nuclear Cooperation * Dr. Alexei Arbatov, Russian Institute of World Economy and International Relations * Desmond Browne, Member, House of Lords, United Kingdom * Liru Cui, Senior Advisor of China Institutes of Contemporary International Relations * Michael Douglas, Actor and Producer * Ambassador Rolf Ekeus, Stockholm International Peace Research Institute * Gideon Frank, Former Director General, Israel Atomic Energy Commission * General Eugene E. Habiger, USAF (Ret.) Former Commander in Chief of the US Strategic Command * Igor S. Ivanov, Former Minister of Foreign Affairs of Russia * Jeong H. Kim, Former President, Bell Labs * Riaz Mohammad Khan, Former Foreign Secretary of Pakistan and former Ambassador to China, the European Union, Belgium and Luxembourg and to Kazakhstan and Kyrgyzstan * Pierre Lellouche, Deputy of Paris, Former Minister of State for Foreign Trade, France * Former U.S. Senator Richard G. Lugar (R-Indiana) * Dr Jessica Mathews, Former President of the Carnegie Endowment for International Peace * Ronald L. Olson, Partner, Munger, Tolles & Olson, LLP * Paul S. Otellini, Former President & CEO, Intel Corporation * Ambassador Hisahsi Owada, Former Vice Minister for Foreign Affairs, Japan and Judge with the International Court of Justice * Malcolm Rifkind, Member of Parliament for Kensington in the United Kingdom * Joan Rohlfing, President of NTI, Former Director of the Office of Nonproliferation and National Security, US Dept of Energy * Ellen 0. Tauscher, Former Under Secretary of State for Arms Control and International Security and former seven term Member of Congress * Professor Fujla Yang, Academician, Chinese Academy of Sciences. Availability of public facilities or services; public participation in programs or policies. To support the public's access to a range of views and information about the threats from weapons of mass destruction, NTI offers a number of content rich websites and materials to support public education. The primary website is at www.nti.org. The website serves as an information clearing house with unique resources, available to any visitor, which include: A research library with the world's most comprehensive, open-source nonproliferation data collections, as well as profiles of the nuclear, biological and chemical weapons programs of over 40 countries, and issue briefs that offer short introduction and in-depth analysis on a wide range of international security issues. * Publications and source documents published by U.S. and foreign governments, * Reports, articles and analysis on nuclear, biological and chemical weapons policy for audiences ranging from high school students to experts, * Films that address the nuclear threat, available on the web or by mail-order. The website is available free of charge to all interested persons. NTI also conducts regular public outreach and education related to nuclear issues, and provides expert testimony to the US and other governments, as requested. NTI continues its public outreach program in support of the Nuclear Security Project, a project aimed at reducing reliance on nuclear weapons, preventing their proliferation and ultimately ending them as a threat to the world. NTI produced a documentary film, Nuclear Tipping Point featuring the four project principals, Henry Kissinger, Sam Nunn, William Perry, and George Shultz and screened the film to groups all over the United States and around the world. The film is available online and on DVD, free of charge to interested parties through NTI's website. The film also has a teacher's guide that provides lesson plans and exercises aligned with U.S. public school national standards. This is the second such project that NTI has undertaken. The first film, Last Best Chance, was made in 2005, and, together with a public education campaign about the risks of unsecured nuclear material, added significantly to NTI's public profile, supporter database, and outreach efforts. NTI is not a membership organization.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.
► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Nuclear Threat Initiative Inc 52-2289435 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts. Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) R In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

| Par 3 | Using the organization's acquisition, | | | | | | | |
|----------|---|-------------------------|-------------|------------|-----------------------|------------|-----------------------|--------------------------|
| | collection items (check all that apply) | : | | | - | | | |
| а | ☐ Public exhibition | | d [| Loan | or exchange | program | ms | |
| b | ☐ Scholarly research | | | | | | | |
| c | ☐ Preservation for future generation | s | | 00. | *********** | | | |
| 4 | Provide a description of the organiza | | and expla | in how t | hev further th | ne ordan | nization's exem | nt nurnose in Part |
| • | XIII. | | and oxpia | | noy rantinor ti | io organ | iization o oxom | pt purpodo in r dit |
| 5 | During the year, did the organization | solicit or receive | donation | e of art | historical tre | acurac | or other similar | |
| • | assets to be sold to raise funds rathe | | | | | | | |
| Dov | | | anieu as p | art or the | s organization | 11 3 00110 | CHOTT: | Yes No |
| Fel | t IV Escrow and Custodial Arr. Complete if the organization 990, Part X, line 21. | n answered "Yes | | | | | • | • |
| 1a | Is the organization an agent, trustee | | | | | | | |
| | included on Form 990, Part X? | | | | | | | ☐ Yes ☐ No |
| b | If "Yes," explain the arrangement in F | art XIII and compl | ete the fol | lowing to | able: | | | |
| | | | | | | | Am | ount |
| C | Beginning balance | (6) (6) (6) (7) (8) (6 | x x x =0 | 9 9 9 | | 1c | | |
| d | Additions during the year | (6) (6) (6) (6) (6) | | 54 54 S | | 1d | | |
| е | Distributions during the year | | | | | 1e | | |
| f | Ending balance | | | | | 1f | | |
| 2a | Did the organization include an amou | | | | | todial a | ccount liability? | ☐ Yes ☐ No |
| b | If "Yes," explain the arrangement in P | | | | | | • | |
| | tV Endowment Funds. | | | | | | | |
| (MIDS) | Complete if the organization | answered "Yes | " on Forr | n 990 F | Part IV. line | 10 | | 19 |
| | Complete ii tilo organization | (a) Current year | (b) Prio | | (c) Two years | |) Three years back | (e) Four years back |
| 1a | Beginning of year balance | (4) 54.75.75 | (=) | . , | (0) 1110) 0210 | Just 10 | , , | (0) 1 00 7 7 00 00 00 00 |
| _ | Contributions | | | | | | | |
| b | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | |
| d | Grants or scholarships | | | | | | | |
| е | Other expenditures for facilities and | | | | | | | |
| | programs | | | | | | | |
| f | Administrative expenses | | | | | | | 3 3 |
| g | End of year balance | | | | | | | |
| 2 | Provide the estimated percentage of t | the current vear er | nd balance | e (line 1a | column (a)) | held as: | | |
| а | Board designated or quasi-endowme | nt ▶ | % | (| , | | | |
| b | Permanent endowment ▶ | % | | | | | | |
| c | Temporarily restricted endowment | | | | | | | |
| C | | ************** | 000/ | | | | | |
| 20 | The percentages on lines 2a, 2b, and | | | ation the | t are bald an | ما مطمعان | niatorod for the | |
| 3a | Are there endowment funds not in the organization by: | e possession or tr | ie organiz | ation tha | it are neid ar | ia aaiiiii | nistered for the | N A |
| | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | 3a(i) |
| | | | | | | | to to to to to | 3a(ii) |
| b | If "Yes" on line 3a(ii), are the related o | | | | | | | 3b |
| 4 | Describe in Part XIII the intended uses | | on's endo | vment fu | ınds. | | | |
| Part | | | | | | | | |
| | Complete if the organization | answered "Yes | " on Forn | n 990, F | Part IV, line | 11a. Se | e Form 990, F | art X, line 10. |
| | Description of property | (a) Cost or of (investm | | | r other basis her) | | cumulated eciation | (d) Book value |
| 1a | Land | | o | | 0 | 15 5 1 | V D S III O O O O | 0 |
| b | Buildings | | 0 | | 0 | | 0 | 0 |
| c | Leasehold improvements | | 0 | | 291,357 | | 288,099 | 3,258 |
| d | Equipment | | 0 | | 760,553 | | 717,543 | 43,010 |
| e | Other | | 0 | | | = | | |
| | Add lines 1a through 1e (Column (d) a | oust equal Form 0 | | column | (R) line 10c | ĭ s se s | 0 | 0 46 268 |

| Part VII | Investments - Other Securities | | | | |
|-------------------|--|---------------------|---|-----------------------|--|
| | Complete if the organization answ | | | | |
| | (a) Description of security or category (including name of security) | | (b) Book value | | od of valuation: of-year market value |
| (1) Financia | derivatives | 74,0 (FM (A | | | |
| | held equity interests | an a a a a a | | | |
| (3) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | 4-14 | | | |
| (D) | | | | | 2 |
| (E) | | | | | |
| (F) | | | | | |
| (G) | | | | | |
| (H) | | | | | |
| Total. (Column (| b) must equal Form 990, Part X, col. (B) line 12.) | | | | DILLICATE DE LA CONTRACTOR DE LA CONTRAC |
| Part VIII | Investments-Program Related | i | | 4 | |
| | Complete if the organization answ | | 990, Part IV, lin | e 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | | (b) Book value | (c) Meth | od of valuation: of-year market value |
| (1) | | | | | |
| (2) | | | - | | , |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | b) must equal Form 990, Part X, col. (B) line 13.) | | | 7-1-5 | |
| Part IX | Other Assets. | | | | |
| Tartix | Complete if the organization answ | vered "Ves" on Form | QQO Part IV lin | a 11d See Form | 000 Part V line 15 |
| | | Description | 330, 1 art 14, 1111 | e Tra. Oce i Omi | (b) Book value |
| (4) | 100 | , a coon paren | | | (2) 2001. 10.20 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | 1.27 |
| (8) | | | | | |
| (9) | ma /h) must a sual Farm 000. Dart V an | 1 /0\ !:== 15 \ | | | |
| | mn (b) must equal Form 990, Part X, co | I. (B) line 15.) | 20 20 30 30 20 20 20 | | |
| Part X | Other Liabilities. | 1 (1) / 11 | 000 D + B + B | 44 446 0 | 5 000 B 1V |
| | Complete if the organization answ | verea "Yes" on Form | 990, Part IV, line | e 11e or 11f. See | Form 990, Part X, |
| | line 25. | | | | |
| 1. | (a) Description of liability | (b) Book value | · Harris State of the last of | | |
| (1) Federal in | | | 0 | | |
| | Liabilities | 48,5 | 556 | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | Hardreit E. | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| Total. (Column (b | must equal Form 990, Part X, col. (B) line 25.) | 48,5 | 56 | | |
| | uncertain tax positions. In Part XIII, provid | | | 's financial statemen | ts 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

| Part | | Return. |
|----------|---|---|
| - | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | A CONTROL |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 14,327,152 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 200 |
| a b | Net unrealized gains (losses) on investments | |
| C | | |
| d | Other (Describe in Part XIII.) | 1. 5 |
| e | Add lines 2a through 2d | 2e 48,604 |
| 3 | Subtract line 2e from line 1 | 3 14,278,548 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 14,270,340 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a 0 | |
| b | Other (Describe in Part XIII.) | |
| 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 14,278,548 |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | |
| 1 | Total expenses and losses per audited financial statements | 1 12,255,904 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| а | Donated services and use of facilities | |
| b | Prior year adjustments | -51 |
| С | Other losses | |
| d | Other (Describe in Part XIII.) | |
| е | 27 27 24 25 25 25 25 25 25 25 25 25 25 25 25 25 | 2e 41,309 |
| 3 | Subtract line 2e from line 1 | 3 12,214,595 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1744 |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | |
| b | Other (Describe in Part XIII.) | 40 |
| С 5 | Add lines 4a and 4b | 4c 0 5 12,214,595 |
| Part | | 3 12,214,393 |
| | e 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 |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info | |
| Sched | ule D, Part X, Line 2 - Schedule D, Part X, Line 1- FIN 48 footnote: NTI adopted the provisions of ASC Topic 74 | 40-IO.Income Taxes. |
| | addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return shou | |
| | al statements. Under this guidance, NTI may recognize the tax benefit from an uncertain tax position only if | |
| | e tax position will be sustained on examination by taxing authorities, based on the technical merits of the po | |
| | ized in the financial statements from such a position are measured based on the largest benefits that has a | |
| likelih | ood of being realized upon ultimate settlement. The guidance on accounting for uncertainty in Income taxes | also addresses |
| de-rec | ognition, classification, interest and penalties on Income taxes, and accounting in interim periods. Managem | nent evaluated NTI's tax |
| positio | ns and concluded that NTI had taken no uncertain tax positions nor are there any related penalties and inter | rest that require |
| adjusti | nent to the accompanying financial statements to comply with the provisions of this guidance. Generally, th | e NTI is no longer subject |
| to inco | me tax examinations by the U.S. federal, state or local tax authorities for years before 2012. | |
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States ▶ Complete if the organization answered "Yes" on Form 990. Part IV. line 14b. 15, or 16.

2015

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number Nuclear Threat Initiative Inc 52-2289435 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ✓ Yes No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (f) Total expenditures for (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a program service, describe specific type of service(s) in region offices in the employees, agents, and region (by type) (e.g., fundraising, program services, region and investments independent investments in region contractors grants to recipients in region located in the region) (1) East Asia and the Pacific 0 0 Grantmaking Grant making to our project 139,994 (2) Middle East and North Africa 0 0 Grantmaking Grantmaking to partners an 255,278 (3) Europe (including Iceland and (0 0 Grantmaking grants to project partners 93,000 (4) South Asia 0 O Grantmaking grants to program partners 21,384 (5) Russia and the newly independ 0 0 Grantmaking grants to program partners 105,532 (6) East Asia and the Pacific 0 0 **Program Services** Conferences and meetings 305,936 (7) Europe (including Iceland and C 0 0 **Program Services** Conferences and meetings 290,551 (8) Middle East and North Africa 0 0 **Program Services** Meetings and conferences i 122,985 (9) Russia and the newly independ 0 0 **Program Services Meetings and Conferences** 44,537 (10) South Asia 0 0 **Program Services** Meetings and Conferences 1,446 (11)(12)(13)(14)(15)(16)(17)Sub-total 3a Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

1,380,643

Schedule F (Form 990) 2015

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

| (a) Name of (h) Manner of (n) Amount of | (h) IBS code | | 7 | 7-1 4-1-1 | (f) Manner of | (a) Amount of | | (i) Method of |
|---|---------------------------------|---------------|-------------------------|--------------------------|----------------------|------------------------|---|-------------------------------------|
| organization | section and EIN (if applicable) | (c) negion | (u) rurpose or grant | (e) Amount of cash grant | cash disbursement | non-cash assistance | (h) Description of non-cash assistance | (book, FMV, appraisal, other) |
| | | Sch F, Stmt 1 | | | | | | |
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| | | | v i | | | | | 92 |
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| | | | | | | | | |

Enter total number or recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities က

Schedule F (Form 990) 2015

2

Schedule F (Form 990) 2015

Part III Grants ar

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

| Concai | ale 1 (F-0/11/300) 2010 | raye . |
|--------|--|--------|
| Part | IV Foreign Forms | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | ✓ No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) | ✓ No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) | ☑ No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621). | ✓ No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | ✓ No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) | ✓ No |

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

| Schedule F, Part I, Line 2 - Schedule F, Part I, Line 2- Grants are recorded on the accrual basis of accounting and monitored through the |
|--|
| following activities. 1. Pre-grant Inquiry: NTI program personnel confirm the suitability of the grantee by reviewing prior history and |
| experience, considering references and complying with export control regulations. Results are documented in a decision memo which is |
| presented to either the Board of Directors or the President for approval, depending on the size of the grant. 2. Written Grant Agreement: |
| Once a grant proposal is approved, a grant agreement is drawn up between NTI and the grantee. This sets out the purpose of the grant, the |
| budget and details the legal commitments, including compliance with US export control laws and regulations, and limitations on use of |
| funds. All grant agreements are given a number for tracking purposes, and are signed by both parties. 3. Accounting for Grant Funds: The |
| grant agreement specifies that grantees keep accurate and complete books and records of receipts and expenditures made in connection |
| with the grant, maintaining such books and records in a manner that the receipts and expenditures of grant funds are shown separately. 4. |
| Regular Reporting: The grant agreement requires that periodic, at least annual, narrative and financial reports are submitted to NTI detailing work accomplished and expenditure of grant funds against budget. Reports are reviewed by both NTI's program and financial personnel. 5. |
| Project Oversight: NTI program personnel are in regular contact with grantee personnel and visit certain key projects to assess progress |
| against grant goals. 6. Disbursement of Funds: NTI's grants are disbursed either up front, in tranches, or on an invoicing basis, dependent |
| on the grant agreement. No funds are disbursed until a signed grant agreement has been received, export control checks have been |
| reviewed and approved, and any other appropriate documentation received. For grants that are managed in tranches, or through invoicing, |
| it is generally necessary that all reporting is up to date, and the appropriate stage of the grant project completed prior to subsequent funds |
| being disbursed. All accounting records are maintained on accrual basis and in accordance with generally accepted accounting principles. |
| All unconditional grants are booked in full to the income statement at the point the grant agreement has been signed by both parties. In the |
| year ended December 31, 2015, NTI did not make any conditional grants. |
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Nuclear Threat Initiative Inc 52-2289435

Form: Schedule F

Page: 2

Line Number: Part II Line 1

Grants To Organization Outside US

| | | Cash Grant | Non-Cash Assistance |
|---|--|------------|---------------------|
| Region | South Asia | 11,698 | (|
| Grant | IAPCM 14 international Security Seminar | | |
| Cash Disbursement | Wire Transfer | | |
| Desc. of Non-Cash Asst. Valuation | | | |
| Region | South Asia | 7,400 | (|
| Grant | CICIR Meeting and conference | ,, | • |
| Cash Disbursement | Wire Transfer | | |
| Desc. of Non-Cash Asst. | | | |
| Valuation | | 14 | |
| Region | Middle East and North Africa | 7,578 | C |
| Grant | Support Board of Directors and planning | | |
| Cash Disbursement | Wire Transfer | | |
| Desc. of Non-Cash Asst. | | | |
| Valuation | | | |
| Region | Middle East and North Africa | 103,500 | 0 |
| Grant | Mecids Country Coordinators | | |
| Cash Disbursement Desc. of Non-Cash Asst. | Wire Transfer | | |
| Valuation | | | |
| | Funna (including land and Organizad) | 70.000 | |
| Region Grant | Europe (including Iceland and Greenland) Project Partner Latvian Institute | 79,000 | 0 |
| Cash Disbursement | Wire Transfer | | |
| Desc. of Non-Cash Asst. | wife Italisisi | | |
| Valuation | | | |
| Region | Middle East and North Africa | 144,200 | |
| Grant | Support for Nuclear Forum Arab Institute for Security Studies | | |
| Cash Disbursement | Wire Transfer | | |
| Desc. of Non-Cash Asst. | | | |
| Valuation | | | |
| Region | East Asia and the Pacific | 120,896 | 0 |
| Grant | Project Partners - APLN | | |
| Cash Disbursement | Wire Transfer | | |
| Desc. of Non-Cash Asst. Valuation | | | |
| Region | Europe (including Iceland and Greenland) | 10,000 | |
| Grant | Grant to help support operations of the International Network of Emerging | 10,000 | |
| | Nuclear Specialists (INENS) and its ongoing Nuclear Foresights Project. INENS | | |
| | is a global membership-based organization for young professionals (ages 23+ | | |
| | with one to 10 years of experience) pursuing a career in the nuclear field. | | |
| | INENS was founded after the 2010 NPT Review Conference in with the aim of | | |
| | bringing together young professionals into a forum for discussion of key | | |
| | pressing and future nuclear issues. The Nuclear Foresights Project will engage | | |
| | emerging specialists on a number of topics to develop new ideas and broaden | | |
| | dialogue through meetings and publications. Special focus this year will be on | | |
| * | INENS' North American conference, taking place prior to the Carnegie | | |
| | Conference, and convening young South Asian experts: Their entire budget is | | |

| Schedule F, Part V, Statement 1 Nuclear Threat Initiative | | |
|---|---|---------|
| Cash Disbursement Desc. of Non-Cash Asst. Valuation | \$75,000, and they are getting additional funding from sources like the French government, the U.K. Foreign Office, the U.S. Embassy in China and small amo Wire Transfer | |
| Region | Russia and the newly independent States | 105,532 |
| Grant | NTI Board Approved funding for a grant Oct 2015- June 2016 for Track II | |
| | Dialogues on Nuclear Cooperation between the United States and the Russian | |
| | Federation. This \$105,500 grant to CENESS would fund analytic and logistical | |
| | support for the exercise, including development of working papers, organizing a | |
| ., | series of preparatory roundtable discussions in Moscow, and assisting NTI in | |
| 8 | coordinating the Track II project and developing, editing, and publishing the final report in June 2016. | |
| Cash Disbursement | Wire Transfer | |
| Desc. of Non-Cash Asst. | | |
| Valuation | | |
| Region | South Asia | 21,384 |
| Grant | Observer Research Foundation | |
| Cash Disbursement | wire transfer | |
| Desc. of Non-Cash Asst. | | |

Valuation

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number **Nuclear Threat Initiative Inc** 52-2289435 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants а Internet and email solicitations ☐ Solicitation of government grants Phone solicitations g

Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ✓ Yes □ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid to (or retained by) (or retained by) fundraiser listed in (i) Name and address of individual (iv) Gross receipts (ii) Activity from activity or entity (fundraiser) organization col. (i) Yes No 1 See Schedule G, Part IV, Statement 3 5 6 7 8 10 0 36,250 -36,250 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. **All States**

| P | art II | Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that | ng event contributions | | | |
|-----------------|----------|---|---------------------------|--|----------------------------|--|
| - | | 3 | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
| - | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | | | | |
| ă — | 2 3 | Less: Contributions Gross income (line 1 minus line 2) | ei | | | |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| sesue | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | 2 | | |
| Direc | 8 | Entertainment | | | | |
| | 9 | Other direct expenses . | | | | |
| | 10 11 | Direct expense summary. Ad Net income summary. Subtra | | | | |
| Pa | rt III | Gaming. Complete if the than \$15,000 on Form 99 | organization answe | red "Yes" on Form 99 | 00, Part IV, line 19, or r | eported more |
| Revenue | | than \$13,000 on Form 9 | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Reve | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| rect Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | , | |
| | 5 | Other direct expenses . | | | | |
| | 6 | Volunteer labor | ☐ Yes% ☐ No | ☐ Yes% ☐ No | ☐ Yes % ☐ No | |
| | 7 | Direct expense summary. Ad | d lines 2 through 5 in c | olumn (d) | a, a, a, a, a, a, b | |
| | 8 | Net gaming income summary | v. Subtract line 7 from I | ne 1, column (d) | 4 4 4 4 4 4 > | |
| | a İst | ter the state(s) in which the organization licensed to co | enduct gaming activities | ******** | | 🔲 Yès 🗌 No |
| 10a | | ere any of the organization's ga | aming licenses revoked | l, suspended or termina | ted during the tax year? | . 🗌 Yes 🗌 No |

| Schedu | ule G (Form 990 or 990-EZ) 2015 |
|----------|--|
| 11 12 | Does the organization conduct gaming activities with nonmembers? |
| 13 a | Indicate the percentage of gaming activity conducted in: The organization's facility |
| b | An outside facility |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: |
| | Name ► |
| | Address ▶ |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? |
| b b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party: |
| | Name ▶ |
| | Address ▶ |
| 16 | Gaming manager information: |
| | Name ▶ |
| | Gaming manager compensation ► \$ |
| | Description of services provided ► |
| | □ Director/officer □ Employee □ Independent contractor |
| 17 a | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ |
| Part | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions). |
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Schedule G, Part IV, Statement 1

Form: Schedule G

Page: 1

Line Number: Part I Line 2b

Nuclear Threat Initiative Inc 52-2289435

Fundraiser Activity Information

| Name and Address | Activity | C1 | Gross Receipts | C2 | C3 |
|--|--------------------------------------|----|-------------------|--------|---------|
| Carter Consulting Group 2916 Dartmouth Road Suite 2 00 | Fundraising Strategy | No | 0 | 7,875 | -7,875 |
| Alexandria, VA 22314 | | | | | |
| Isabelle Blanco | Research and Development of Prospect | No | 0 | 5,375 | -5,375 |
| 1940 Biltmore St NW | Profile | | | | 11 |
| 42 | | | | | |
| Washington, DC 20009 | | | | | |
| Impact Communications | Feasibility study & Case Statement | No | 0 | 23,000 | -23,000 |
| 906 Pennsylvania Ave SE | | | | | |
| Washington, DC 20006 | | | 5 | | |
| Total: | | | 0 | 36,250 | -36,250 |

C1 = Fundraiser control of funds?

C2 = Amount paid to (or retained by) fundraiser

C3 = Amount paid to (or retained by) organization

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

| 2015 2015 |
|--------------|
| MB No. |

Schedule I (Form 990) (2015) Open to Public **2** Inspection Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **Employer identification number** 9 ✓ Yes 52-2289435 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 3 (g) Description of non-cash assistance . • • ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. • • (f) Method of valuation cash assistance (book, FMV, appraisal, other) • ě Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. Part I General Information on Grants and Assistance (P) EIN 1 (a) Name and address of organization Nuclear Threat Initiative Inc Name of the organization (1) Sch I, Stmt 1 Part II 9 Ø ල 4 <u>(S)</u> 9 0 8 6 (12)

| Schedule I (F | Schedule I (Form 990) (2015) | - | | | | Page 2 |
|---------------|--|---|--|---|---|---|
| E E E | Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed. | mestic Individua space is needed | ils. Complete if the | organization answ | ndividuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. s needed. | Part IV, line 22. |
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| - | | | | | | |
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| 7 | 9 | | | | | |
| Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | the information re | equired in Part I, lin | e 2, Part III, column | (b), and any other additi | onal information. |
| Schedule I | Schedule I, Part I, Line 2 - Schedule 1, Part I, Line 2 - Grants are monitored through the following activities. 1. Pre grant Inquiry: NTI program personnel confirm the suitability of the grantee by reviewing print history and experience considering references and complying with experience for the suitability of the | its are monitored th | rough the following ac | tivities. 1. Pre grant In | quiry: NTI program personnel | confirm the suitability of the |
| to either th | to either the Board of Directors or the President for approval, depending on the size of the grant. 2. Written Grant Agreement: Once a grant proposal is approved, a grant agreement is | oval, depending on | he size of the grant. 2 | Written Grant Agreem | ent: Once a grant proposal is | a decision mento winch is presented approved, a grant agreement is |
| regulation | cleam to between N I and the grance. This sets out the purpose of the grant, the budget and details the legal commitments, including compliance with US export control laws and regulations, and limitations on use of funds being entered into by NTI and the grantee all grant agreements are given a number for tracking purposes, and are signed by both parties, 3 | purpose or tne grar d Into by NTI and th | it, the budget and deta e grantee all grant agr | ements are given a n | ents, including compliance wi | th US export control laws and and are signed by both parties. 3 |
| Accounting | Accounting for Grant Funds: The grant agreement specifies that grantees keep accurate and complete books and records of receipts and expenditures made in connection with the grant, | ies that grantees ke | ep accurate and comp | lete books and record | s of receipts and expenditure | s made in connection with the grant, |
| (at least ar | manianing such books and records in a mainter intermeter that the properties of grant tunds are shown separately. 4. Regular Reporting: The grant agreement requires that periodic (at least annual) narrative and financial reports are submitted to NTI detailing work accomplished and expenditure of grant funds against budget. Reports are reviewed by both NTI's | receipts and experited to NTI detailing | uttures of grant funds work accomplished a | are snown separately ind expenditure of grai | . 4. Regular Reporting: The g nt funds against budget. Repo | ant agreement requires that periodic orts are reviewed by both NTI's |
| program a | program and financial personnel. 5. Project Oversight: NTI program personnel are in regular contact with grantee personnel and visit certain key projects to assess progress against grant on the grant arrest and finde and dishursed either in front in transhes or on an invoicing basis dependent of Funds: NTI's grants are dishursed either in front in transhes or on an invoicing basis dependent on the grant arrested to the grant arrested either and the grant arrested by the grant arr | TI program personn | el are in regular conta | ct with grantee person | nel and visit certain key proje | cts to assess progress against grant |
| grant agre | grant agreement has been received, export control checks have been reviewed and approved, and any other appropriate documentation received. For grants that are managed in | ts have been review | ed and approved, and | any other appropriate | documentation received. For | grants that are managed in |
| tranches, o | tranches, or through invoicing, it is generally necessary that all reporting is up to date, and the appropriate stage of the grant project completed prior to subsequent funds being disbursed. | that all reporting is i | up to date, and the app | propriate stage of the g | rant project completed prior | to subsequent funds being disbursed. |
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Schedule I, Part IV, Statement 1

Form: Schedule I

Page: 1

Line Number: Part II

Description of Grants and Other Assistance to Governments and Organizations in the United States

| | | Recipient EIN | Amt. of cash grant | Amt. of non |
|-------------------------|--|---------------|--------------------|-------------|
| Name and address | Hudson Institute | 13-1945157 | 50,000 | |
| | 1015 15th St NW | | • | |
| | Washington, DC 20005 | | | |
| RC code section | 501(c)3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Blue Ribbon Panel Support | | | |
| Name and address | Center for Non Proliferation studies MIIS at Monterey | 03-0179298 | 30,000 | |
| | Business Office 460 Pierce Street | | | |
| 2. | Monterey, CA 93940 | | | |
| RC code section | 501(c)3 | | | |
| Method of valuation | | | | |
| Desc. of Non-Cash Asst. | | | | |
| Purpose of grant | Research grant with CNS to provide on demand research as required by | | | |
| | NTI executive Leadership. | | | |
| lame and address | CRDF Fellowship Grant | 54-1773406 | 50,000 | |
| | 1776 Wilson Blvd | | | |
| | 3rd floor | | | |
| | Arlington, VA 22209 | | | |
| RC code section | 501(c)3 | | | |
| lethod of valuation | | | | |
| esc. of Non-Cash Asst. | | | | |
| urpose of grant | This grant will support the CRDF Global's Robin Copeland Memorial | | | |
| J | Fellowship (RCMF) which provides women science leaders in emerging | | | |
| | countries the opportunity to deepen their understanding of international | | | |
| | security policy and empowers them to serve as role models to a new | | | |
| | generation of women around the world. CDRF seeks \$30,000 to cover | | | |
| | fellowship costs, not already fulfilled by the Carnegie Corporation and | | | |
| | individual donor contributions as well as an additional \$20,000 in seed | | | |
| | funding to increase the number of fellows each year, establish new | | | |
| | academic and internship partners and eventually develop an endowment fo | r | | |
| | ongoing costs associated with the fellowship. | ı | | |
| ame and address | Herbert Scoville Jr Peace Fellowship | 52-1755133 | 40,000 | |
| RC code section | 501c3 | 32 // 33/33 | .0,000 | |
| lethod of valuation | 33133 | | | |
| esc. of Non-Cash Asst. | | | | |
| urpose of grant | General Support | | | |
| ame and address | FCNL | 52-1254489 | 20,000 | |
| RC code section | 501c3 | | 20,000 | |
| lethod of valuation | V | | | |
| esc. of Non-Cash Asst. | | | | |
| urpose of grant | Nuclear Calendar | | | |
| ame and address | Los Alamos Historical Society | 85-0231249 | 10,000 | |
| RC code section | 501c3 | -5 0-0 1-10 | 10,000 | |
| lethod of valuation | | | | |
| esc. of Non-Cash Asst. | XC | | | |
| urpose of grant | Publishing Support | | | |
| Ai pose oi gialit | r abiliorning dapport | | | |

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

20**15**

Open to Public Inspection Employer identification number

Nuclear Threat Initiative Inc 52-2289435 Part I Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ✓ First-class or charter travel ✓ Housing allowance or residence for personal use ✓ Travel for companions Payments for business use of personal residence ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ✓ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study ✓ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

9

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

0 Note: The sum of columns (B)(I)—(iii) for each listed individual must equal the total amount of Form 990. Part VII. Section A. line 1a.

| (B) Breakdown of W-2 and/or 1099-MISC compensation | | (B) Breakdown of W-2 | W-2 and/or 1099-MIS | and/or 1099-MISC compensation | 3 | | (-) (-) | |
|--|----------|--------------------------|-------------------------------------|-------------------------------------|--------------|------------------------------------|------------------------------------|--|
| (A) Name and Title | N | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| Sam Nunn, Co-Chairman and | Ξ | 357,000 | 0 | | 0 | 26,500 | 383,500 | |
| 1 250 | ▣ | | |) | | 0 | 0 | |
| Joan Rohlfing, President and | <u> </u> | 341,604 | 0 | | 0 35,323 | 26,092 | 403,019 | 0 |
| 2 500 | € | 0 | 0 | J | | 0 | 0 | |
| Desmond Brown, Vice Chair | E | 274,185 | 0 | | 0 22,507 | 29,095 | 325,787 | 0 |
| 3 | € | 0 | |) | | 0 | 0 | |
| Deborah Rosenblum, Vice | (6) | 289,885 | 0 | | 0 28,198 | 20,745 | 338,828 | 0 |
| 4 President | 冟 | 0 | |) | | 0 | 0 | 0 |
| Carmen McDougall, Vice | <u> </u> | 228,918 | 0 | | 0 24,432 | 28,188 | 281,538 | 0 |
| 5 Fresident | 冟 | 0 | |) | 0 | 0 | 0 | 0 |
| Page Stoutland, Vice President | 8 | 234,146 | 0 | | 0 23,877 | 25,112 | 283,135 | 0 |
| 9 | <u> </u> | 0 | 0 | J | 0 | 0 | 0 | |
| Christopher Carr, CFO and | € | 181,583 | 0 | | 7,547 | 32,314 | 221,444 | 0 |
| 7 Ireasurer | € | 0 | 0 |) | | 0 | 0 | 0 |
| Robert F Berls, Senior Advisor | 8 | 204,717 | 0 | 9 | 21,064 | 28,854 | 254,635 | 0 |
| 8 UII KUSSIA AIIU EUI ASIA | <u> </u> | 0 | |) | 0 0 | 0 | 0 | |
| Diane Hauslein, Director of | E | 173,631 | 0 |) | 0 17,983 | 27,175 | 218,789 | 0 |
| 9 Administration | € | 0 | 0 |) | 0 0 | 0 | 0 | 0 |
| Catherine Gwin, Senior Director | E | 163,739 | 0 | J | 0 17,159 | 25,669 | 206,567 | 0 |
| 10 of communications | € | 0 | 0 | J | 0 0 | 0 | 0 | 0 |
| Valeria MacPhail, Director, | 8 | 147,014 | 0 | | 15,377 | 33,630 | 196,021 | 0 |
| 11 Omee of the right sam radiin | € | 0 | 0 |) | 0 0 | 0 | 0 | 0 |
| Margaret Hall, Senior Director of | E | 133,972 | 0 | J | 13,904 | 27,559 | 175,435 | 0 |
| 12 Fublic Education and Outreach | ▣ | 0 | 0 | | 0 | 0 | 0 | 0 |
| | 8 | | | | | | | |
| 13 | € | | | | | | | |
| | (6) | | | | | | | |
| 14 | € | | | | | | | |
| | <u> </u> | | | | | | | |
| 15 | € | | | | | | | |
| | € (| | | | | | | |
| 16 | | | | | | | | |

Schedule J (Form 990) 2015

Part III Supplemental Information

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

travel in appropriate circumstances." Travel for Companions: NTI's policy states that, "Spouses and accompanying assistants of Directors of NTI are specifically invited to and expected to attend meetings of the Board and to participate In Board dinner discussions to gain insight to the substantive programs of NTI to facilitate their ability to knowledgeably represent the work or the domestic equivalent) airfare [for its Board members], unless exception is made with the approval of either Co-Chairmen or the President to allow first class airfare for International Schedule J. Part I, Line 1a - Schedule J, Part I, Line 1a. First class travel: NTI's Board travel policy states that, "It is the general policy of NTI to provide reimbursement for business class of the Initiative to government officials and leaders In their communities."

Compensation Committee was made up of three independent members of the Board of Directors. Per NTI's bylaws, the members of the Compensation Committee may not include current recommendations include specific salary levels for the CEO, the President and all Officers. Officer salaries are approved by majority vote of NTI's Board of Directors, as directed by NTI's Schedule J. Part I, Line 3 - Schedule J, Part I, Line 3 * Annually the CEO presents a memorandum to NTI's Compensation Committee, in which he recommends compensation levels for NTI's CEO and Officers. The organization consulted studies based on calendar 2015 data. NTI used the study results to set compensation levels during 2015. In addition, the CEO has or former Directors who are also salaried senior executives of NTI. The Compensation Committee presents its recommendations to the Board of Directors in executive session. The historically taken into account the importance of retaining a uniquely qualified team at NTI, and in certain circumstances has made a case for small merit Increases. In 2015, the bylaws. Minutes of the Compensation Committee are maintained with NTI's corporate files at the office of NTI's Corporate Secretary.

SCHEDULE L

(8) (9) (10) Total

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

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

2015

Department of the Treasury Internal Revenue Service ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public

Employer identification number Name of the organization 52-2289435 **Nuclear Threat Initiative Inc** Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction Yes No (1)(2)(3)(4)(5)(6)2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (d) Loan to or (f) Balance due (a) Name of interested person (c) Purpose of (e) Original (g) In default? (h) Approved (i) Written with organization agreement? loan from the principal amount by board or organization? committee? From Yes Yes No (1) (2)(3)(4)(5)(6)(7)

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
| (1) | | | | |
| (2) | * | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| 10) | - | | | |

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | | zation's nues? |
|---|--|---|---|---------|-------------------|
| (4) | | | | Yes | No |
| (1) Sch L, Stmt 1 | | | | | |
| 2) 3) | | | | - | |
| 4) | | | | | |
| 5) | | | | | |
| 5) | | | | | |
| 7) | | | | | |
| 3) | | | | | |
| 9) | | | | - | |
| 0) art V Supplemental Informa | ation | | | | |
| Provide additional info | mation for responses to questions | on Schedule L (see i | nstructions). | | |
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Schedule L, Part V, Statement 1

Form: Schedule L

Page: 2

Line Number: Part IV

Nuclear Threat Initiative Inc 52-2289435

Description of Business Transactions Involving Interested Persons

| | Amount of transaction |
|--|--|
| Davis Pickren Seydel Sneed LLP | 38,905 |
| Partner in firm is Secretary of NTI and Son-in-Law of NTI Co Chair | |
| Legal fees | |
| No | |
| | Davis Pickren Seydel Sneed LLP Partner in firm is Secretary of NTI and Son-in-Law of NTI Co Chair Legal fees |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Employer identification number

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

pen To Public Inspection

| Nucle | ear Threat Initiative Inc | | | | | 52-22894 | 35 | | |
|----------|--|-------------------------------|--|--|--------------|-----------------------|-------|------------|-------|
| Par | Types of Property | | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contamounts report Form 990, Part \ | orted on | Method on noncash cor | | | |
| 1 | Art-Works of art | | | | | | | | |
| 2 | Art-Historical treasures | | | | | | | | |
| 3 | Art-Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household | | | | | | | | |
| | goods | | | | N. | | | | |
| 6 | Cars and other vehicles | | | | | | | | 0 |
| 7 | Boats and planes | | | | | | | | |
| 8 | Intellectual property | | <u>K</u> | | | | | | |
| 9 | Securities - Publicly traded . | ✓ | 6 | | 12,543,699 | FMV | | | |
| 10 | Securities—Closely held stock | | | | | | | | |
| 11 | Securities - Partnership, LLC, | | | | | ľ | | | |
| | or trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous . | | | | | | | | |
| 13 | Qualified conservation | | | | | | | | |
| | contribution—Historic | | | | | | | | |
| 4.4 | structures | | | | | 1 | | | |
| 14 | Qualified conservation contribution—Other | | | 10 | | | | s | |
| 15 | Real estate - Residential | | | | 24 | | | | |
| 16 | Real estate - Commercial | | | | | | | | |
| 17 | Real estate - Other | | | | | | | | |
| 18 | Collectibles | | | | | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies . 😘 | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | 77 | | |
| 23 | Scientific specimens | | | | 0 | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other ► () | | | | | | | | |
| 26 27 | Other ► (| | - | | | | | | |
| 28 | Other ► () Other ► () | | | | | | | | |
| 29 | Number of Forms 8283 received | by the ord | anization during the tax v | ear for contribu | itions for | | | | |
| 23 | which the organization completed | | | | | 29 | | | 0 |
| | g | | , , = | g | W. W. S. | 20 | | Yes | No |
| 30a | During the year, did the organizat | ion receive | by contribution any prope | rty reported in I | Part I lines | 1 through | 10.81 | 1 | |
| | 28, that it must hold for at least th | | | | | | | | |
| | to be used for exempt purposes f | | | | | | 30a | - | 1 |
| b | If "Yes," describe the arrangement | | - | | | | | | 4,0 |
| 31 | Does the organization have a | | tance policy that requires | s the review o | of any no | n-standard | - 3 | | du Ri |
| | _ | - | | | | | 31 | 1 | |
| 32a | Does the organization hire or use | third parti | es or related organizations | s to solicit, prod | cess, or se | II noncash | | | |
| | _ | | | | | | 32a | | 1 |
| b | If "Yes," describe in Part II. | | | | | | 19.3 | The second | 9,8 |
| 33 | If the organization did not report an describe in Part II. | amount in | column (c) for a type of pro | perty for which o | column (a) i | s checked, | | | |

Schedule M (Form 990) (2015) Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Schedule M, Part I, Line 9 - Column b represents the number of contributions received

SCHEDULE O (Form 990 or 990-EZ)

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.

2015

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

form for them to complete.

► Attach to Form 990 or 990-EZ.

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

Name of the organization

Nuclear Threat Initiative Inc

52-2289435

Form 990, Part VI, Section A, Line 2 - RE Turner is the father-in-law of the Corporate Secretary, J Rutherford Seydel II

final Form 990 is required to be sent to all members of the Board for informational purposes prior to being filed.

Form 990, Part VI, Section B, Line 11b - Form 990, Part VI, Section B, Line 11b - NTI's Form 990 is prepared by its Finance department. It is initially reviewed by the Treasurer/CFO and then an independent review is provided by BDO (NTI's independent auditor) and its outside law firm, Davis, Pickren, Seydel and Sneed, LLP. Next, the CFO reviews the Form 990 with management- the Executive Vice President, and the President. NTI's Board of Directors has delegated its review of the Form 990 to the members of the Executive Committee. However, the

Form 990, Part VI, Section B, Line 12c - Form 990, Part VI, Section B, Line 12c - NTI's bylaws require that a copy of NTI's Conflict of Interest Policy, as adopted by the Board, be furnished to each Director, Officer and operational staff member serving at or associated with NTI. NTI's policy states that a conflict of interest exists: When an officer or member of the staff takes part in a decision in which it appears that she/he may be unable to remain impartial in choosing between the interests of the Nuclear Threat Initiative and his/her personal interests or the personal interest of his/her related parties or the interests of his/her reportable affiliates, or When an officer or member of the staff uses privileged information gained in the course of service at NTI for personal benefit or gain, or for the personal benefit of gain or his/her related parties or the interests of his/her reportable affiliates, or When an officer or member of the staff, by virtue of his/her relationship to NTI, receives a benefit that represents a transfer of NTI's financial resources that is not related to the accomplishment of NTI's tax-exempt purposes. Related parties are defined as spouses, parents, children, siblings, in-laws and any individuals who reside in an officer or member of the staff's household. Reportable affiliate means an institution, corporation or business organization for which an officer or member of the staff or a related party (who to the knowledge of the officer or staff member) serves as an officer, director, partner, employee, or agent; holds more than 1 % of the voting stock (If any); or has dealings from which he or she has materially benefitted (i.e. received more than \$1,000 exclusive of dividends or interest). NTI prohibits officers or staff from participating or engaging in any activity for which a conflict of interest exists. Board members are recused from decisions of the Board in which a conflict of interest might arise. Board members, officers and staff member are required to disclose to NTI any related party and any reportable affiliate which is likely to apply or otherwise be considered by NTI for a grant award or financial transaction. The information provided is updated annually, or more frequently as appropriate. NTI requests annual updates from its Board members and staff through reissuance of the policy together with a standard

Form 990, Part VI, Section B, Line 15 - Form 990, Part VI, Section B, Line 15 - Annually the CEO presents a memorandum to NTI's Compensation Committee, in which he recommends compensation levels for NTI's CEO and Officers. For 2015 increases, the organization consulted studies based on calendar 2015 data. NTI used the study results to set compensation levels during 2015. The Compensation Committee presents its recommendations to the Board of Directors in executive session. The recommendations include specific salary levels for the CEO, the President and all Officers. Officer salaries are approved by majority vote of NTI's Board of Directors, as directed by NTI's bylaws. Minutes of the Compensation Committee are maintained with NTI's corporate files at the office of NTI's Corporate Secretary. In addition, the CEO has historically taken into account the importance of retaining a uniquely qualified team at NTI, and in certain circumstances has made a case for small merit increases. In 2015, the Compensation Committee was made up of three independent members of the Board of Directors. Per NTI's bylaws, the members of the Compensation Committee may not include current or former Directors who are also salaried senior executives of NTI. The Compensation Committee presents its recommendations to the Board of Directors in executive session. The recommendations include specific salary levels for the CEO, the President and all Officers. Officer salaries are approved by majority vote of NTI's Board of Directors, as directed by NTI's bylaws. Minutes of the Compensation Committee are maintained with NTI's corporate files at the office of NTI's Corporate Secretary.

| Form 990, Part VI, Section C, Line 19 - Form 990, Part VI, Section C, Line 19 - NTI states on its website that its governing documents, |
|--|
| conflict of interest policy and financial statements are available to the public upon request, and provides a link to contact Information. |
| http://www.ntl.org/about/faqs/ |
| |

| V | | |
|---|--|--|
| Form 990, Part IX, Line 11g - Consultants and subject matter experts | | |
| | | |
| Form 990, Part XI, Line 9 - Refunds of grants reported in prior years | | |
| | (4) | |
| *************************************** | *************************************** | |
| | <u>a protegratura paroja paka kun kun aterakatak ereke kata kun aterak aterak da beraka ereka bahak kata kerketa</u> | |

Schedule O, Statement 1

Form: 990 Page: 1

Line Number: Part I Line 1

Nuclear Threat Initiative Inc 52-2289435

Activity Or Mission Description

Description

Assist and support activities which build the trust, transparency and security which are preconditions to the ultimate fulfillment of the Treaty on the Non-Proliferation of Nuclear Weapon's goals and ambitions; and engage in operations and activities and make grants and distributions in support of activities which have educational, scientific, literary or otherwise exclusively charitable purposes to organizations that quality as (or, if not organized in the United States, would qualify as) exempt organizations under Section 501(c)(3) of the Code or, if organized outside of the United States, qualify as exempt charitable organizations under the laws of their domicile.

Schedule O, Statement 2

Form: 990 Page: 2

Line Number: Part III Line 4d

Nuclear Threat Initiative Inc 52-2289435

Other Program Services Accomplishments

| Activity Code | Description | Expense | Grants | Revenue |
|------------------|-----------------|---------|---------|---------|
| | See Statement 2 | 259,278 | 240,078 | 0 |
| Total: | | 259,278 | 240,078 | 0 |

Schedule O, Statement 3

Form: 990

Page: 6

Nuclear Threat Initiative Inc 52-2289435

| Line Number: Part VI Section C Line 17 | |
|--|---------------------------------------|
| States Where Copy Of Return Is Filed | |
| States | 5 |
| AK | |
| AL | |
| AR | |
| AZ | |
| CA | |
| co | 20 |
| СТ | |
| DC | |
| DE | · · · · · · · · · · · · · · · · · · · |
| FL | |
| GA | |
| HI | e - |
| IL × | |
| KS | 4 |
| KY | |
| LA | |
| MA | |
| MD | |
| ME | |
| MI | |
| МО | |
| MS | 41 |
| NC | |
| ND | |
| NH | 6 |
| NJ | |
| NM | |
| NY | |
| ОН | |
| ОК | |
| OR | |
| PA | |
| RI | |
| SC | |
| TN | |

UT

| Schedule O, Statement 3 | Nuclear i fireat mitiative inc |
|-------------------------|--------------------------------|
| VA | |
| WA | |
| WI | |
| WV | 8 |