Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-1150

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning January 1 , 2016, and ending December 31 , 20 16

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
National Security Network

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
c/o Brian Katulis 1333 H Street, NW | 10th Floor

City or town, state or province, country, and ZIP or foreign postal code
Washington DC 20005

D Employer identification number
41-2143455

E Telephone number
(202) 682-1611

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☑ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ www.nsnetwork.org

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☑ 501(c) (4) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 1,416

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	0
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a	385	
	b	Less: cost of goods sold	7b	0	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	385
	8	Other revenue (describe in Schedule O)		8	1,031
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	1,416
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	0
	11	Benefits paid to or for members		11	0
	12	Salaries, other compensation, and employee benefits		12	65,580
	13	Professional fees and other payments to independent contractors		13	20,442
	14	Occupancy, rent, utilities, and maintenance		14	25,701
	15	Printing, publications, postage, and shipping		15	67
	16	Other expenses (describe in Schedule O)		16	0
	17	**Total expenses.** Add lines 10 through 16 ▶		17	111,790
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-110,374
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	241,153
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-121,019
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	9,760

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Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	176,822	22	9,760
23	Land and buildings	57,273	23	0
24	Other assets (describe in Schedule O)	63,700	24	0
25	**Total assets**	297,795	25	9,760
26	**Total liabilities** (describe in Schedule O)	42,773	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	241,153	27	9,760

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? **Educating public & government leaders on security issues**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 **Coalition advocacy support. NSN worked with major non-profit advocacy coalitions on messaging, rapid response, and political outreach in a broad coalition with advocacy goals focused on the implementation of the Iran nuclear agreement.**
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 67,062

29 **Foreign affairs and national security analysis. NSN analyzed and assessed the viability and practicality of national security proposals made by leading presidential candidates of both major parties.**
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a 50,000

30 **Policy development/public messaging. NSN worked towards creating effective policy solutions for national security issues and reached out to the expert policy community and media on issues including Guantanamo Bay prison and terrorist detainee policies. Educational briefings to DC national security policy community.**
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a 50,000

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 167,062

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
David Mercer **President**	1	0	0	0
Brian Katulis **Chairman of Board**	2	0	0	0
Michael Hanna **Board Member**	1	0	0	0
Bruce Jentleson **Board Member**	1	0	0	0
Daniel Restrepo **Board Member**	1	0	0	0
Julianne Smith **Board Member**	1	0	0	0
		0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? *If "No," provide an explanation in Schedule O*	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ **None**			
42a	The organization's books are in care of ▶ **Clifton Larson Allen LLP** Telephone no. ▶ **(571) 227-9500**			
	Located at ▶ **901 N Glebe Rd #200, Arlington, VA** ZIP + 4 ▶ **22203-1853**			
b	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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		✓
	If "Yes," enter the name of the foreign country: ▶ **No**			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here . . . . . ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over $100,000 . . . . ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receivi

52 Did the organization complete Schedule A? **Note:** All completed Schedule A . . . . .

Under penalties of perjury, I declare that I have examined this return, including accom true, correct, and complete. Declaration of preparer (other than officer) is based on all

Sign Here

▶ B Mike
Signature of officer

▶ **Brian Katulis, Chairman of the Board**
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature
Firm's name ▶	
Firm's address ▶	

May the IRS discuss this return with the preparer shown above? Se

[redacted]

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.**
- ▶ **Attach certified copies of any articles of dissolution, resolutions, or plans.**
- ▶ **Attach to Form 990 or 990-EZ.**
- ▶ **Information about Schedule N (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
National Security Network

Employer identification number
412143455

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
Money due to NSN from tax-exempt organization with similar mission was waived/forgiven.	03/21/2016	63,700	Asset was cash due.	043813046	National Security Initiative, 1300 L St NW, Suite 1150, Washington, DC 20005	501(c)(3)
Old office computers.	3/21/2016	1,000	depreciated costs and review of comparable			Individual employees
Leasehold improvements	3/21/2016	36,288	true cost of improvements	52-091372	American Postal Workers Union, 1300 L ST NW STE 200, Washington, DC 20005	501(c)(3)

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
a	Become a director or trustee of a successor or transferee organization?	✓	
b	Become an employee of, or independent contractor for, a successor or transferee organization?		✓
c	Become a direct or indirect owner of a successor or transferee organization?		✓
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?		✓
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶		

Part I Liquidation, Termination, or Dissolution *(continued)*

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

			Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3	✓	
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		✓
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5	✓	
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		✓
b	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b		
c	If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.			

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
Laptop computer	3/21/2016	$200		144506453	John Bradshaw	
Laptop computer	3/21/2016	$200		458296446	Robert Callaghan	
Laptop computer	3/21/2016	$200		333827321	William French	
Laptop computer	3/21/2016	$200		117807307	Rachel Queirolo	
Laptop computer	3/21/2016	$200		223694678	Nora Snee	

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ **Attach to Form 990 or 990-EZ.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
National Security Network	412143455

Form 990EZ, Part I, Line 8 - Other revenue (describe in Schedule O): The $1,031 reported is attributable to reimbursements for overpayments made to our health care provider, payroll vendor, and a utility.

Form 990EZ, Part I, Line 20 - Other changes in net assets or fund balances (explain in Schedule O): in 2016, NSN began winding down its operations. As such, NSN relinquished all of its non-monetary assets, including $57,273 in leasehold improvements, equipment, and other assets. Similarly, $63,700 in other assets that were largely due to NSN from another tax-exempt organization with a similar mission was waived. NSN's dissolution will be completed in 2017.

Form 990EZ, Part II, Lines 24 & 26 - Other assets and total liabilities. In TY 2015, $63,700 was due to NSN mostly from another tax-exempt organization with a similar mission. In TY 2016, this amount was waived as NSN began winding down its operations. Similarly, NSN settled outstanding rental liabilities (deferred rent and tenant allowance) upon terminating its lease. NSN's dissolution will be completed in 2017.