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Form **991**

1-3

∠Use Only

Firm's address 500 E BROWARD BLVD,

May the IRS discuss this return with the preparer shown above? (see instructions)

FORT LAUDERDALE, FL 33394

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Inspection Internal Revenue Service Information about Form 990 and its instructions is at www irs.gov/form990. For the 2013 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if SECURITY RESEARCH ASSOCIATES, Name change 74-2209420 Doing Business As Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Termin-ated 561-582-1424 2200 4 AVENUE N Amended 458.979 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-LAKE WORTH, FL 33461 H(a) Is this a group return pendina Yes X No F Name and address of principal officer: THOMAS TRENTO for subordinates? 2200 4 AVE N #3, LAKE WORTH, FL 33461 Yes H(b) Are all subordinates included?) ◀ (insert no.) L 4947(a)(1) or If "No," attach a list. (see instructions) H(c) Group exemption number ▶ J Website: K Form of organization: X Corporation Trust Association Other > Year of formation: 1981 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: RESEARCH, TEACHING AND Governance COMMUNICATION REGARDING COUNTER TERRORISM ISSUES Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line: 1b) 2 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 458,979. 290,705 Contributions and grants (Part VIII, line 1h) 0. 0 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 458,979. 290,705 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 442,744. 288,328. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 288,328 442,744. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,377. 16,235. 19 Revenue less expenses Subtract line 18 from line 12 58 **Beginning of Current Year End of Year** 20,795. 20 Total assets (Part X, line 16) 8,560, 4,910 910. 21 Total liabilities (Part X, line 26) 3,650, 19,885 Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer ^{ಟ್ರ} Sign Here THOMAS TRENTO, PRESIDENT Type or print name and title Date PTIN Prepast's signature Print/Type preparer's name Paid P01398907 JUDAH H. EVER setf-employed 65-0159468 Preparer Firm's name **EVER AND COMPANY** Firm's EIN

SUITE 850

X Yes Form 990 (2013)

Phone no. (954)523-1300

	n 990 (2013) SECURITY RESEARCH ASSOCIATES, INC. 74-2209420 Page 2 ort III Statement of Program Service Accomplishments
1 0	
1	Check if Schedule O contains a response or note to any line in this Part III
	RESEARCH, TEACHING AND COMMUNICATION REGARDING COUNTER TERRORISM
	ISSUES
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported (Code) (Expenses \$42,744. including grants of \$) (Revenue \$458,979.
	CONDUCT COUNTER TERRORIST EDUCATIONAL CONFERENCES AND CAMPAIGNS
4b	(Code) (Expenses \$
	/ (Expenses y Lexpenses y Incidency gains of y Incidency gains of y
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
70	(Code / / Cxpanses 5 including grants of 5 / (Nevenue 5
	Other program sequence (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ► 442,744.

Form **990** (2013)

			Yes_	No
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		7,	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3	 	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا	<u> </u>	 -
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		i	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		ŀ	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			4,5
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	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	11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	41
f		110		
ı	the organization's separate of consolidated infarctal statements for the tax year include a footnete that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
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_		<u> </u>
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19	complete Schedule G, Part III	19		Х
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	100 to mid-224, 300 trip organization areas, 2 copy or no against manufacturation to trip retains		990	(0010)

Form 990 (2013) SECURITY RESEARCH ASSOCIATES, INC
Part IV Checklist of Required Schedules (continued)

٠. ١	Delaharan da arang da		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
~~	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		.,
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ł
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		l
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ĺ
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Į
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			ĺ
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Form		2013)

Form 990 (2013) SECURITY RESEARCH ASSOCIATES, INC Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
,		:-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ī		ł
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-		
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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		X.
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-		
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
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		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	_9b		
10	Section 501(c)(7) organizations. Enter.		l	
	Initiation fees and capital contributions included on Part VIII, line 12		ŀ	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		i	
_	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		l	
	amounts due or received from them.)		İ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
L	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 the			
	organization is licensed to issue qualified health plans Interstition amount of receives on head			
	Enter the amount of reserves on hand	1/10	-	<u>x</u>
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2013) SECURITY RESEARCH ASSOCIATES, INC 74-2209420 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to an experience and the disconnection of the disco									
`	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management			,						
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 2		l							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3										
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5										
	Did the organization have members or stockholders?	5 6		X						
6	- · · · · · · · · · · · · · · · · · · ·	0								
/ a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			v						
	more members of the governing body?	7a		<u> X</u>						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	[
	persons other than the governing body?	7b_		<u>X</u>						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	_8a	X							
b	Each committee with authority to act on behalf of the governing body?	8b	<u>X</u>							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>						
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
·	in Schedule O how this was done	12c								
13	Did the organization have a written whistleblower policy?	13		X						
	Did the organization have a written document retention and destruction policy?	14		X						
14 15		,,,,								
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.		v						
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>						
þ	Other officers or key employees of the organization	15b		<u>X</u>						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			77						
	taxable entity during the year?	16a		<u>X</u>						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sect	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►FL									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	e							
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	i fınan	cıal							
	statements available to the public during the tax year									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion: 🕨								
	THOMAS TRENTO - 561-582-1424	•								
	2200 4 AVE N #3, LAKE WORTH, FL 33461									

Form 990 (2013)	SECURITY	RESEARCH	ASS

74-2209420

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

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

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

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

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

(A) (B)				(e Pos	C)	,		(D)	(E)	(F)
Name and Title	Average hours per week	box offi	(do not check more box, unless person officer and a director			than	one th an stee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) THOMAS TRENTO	40.00			v				0.	0.	^
PRESIDENT (2) MICHAEL TRANCHINA	0.00	-		X	-	 		0.		0.
VICE PRESIDENT	0.00			Х				0.	0.	0.
(3) HENRY PATINO	2.00									
SECRETARY				Х		_		0.	0.	0.
			_		-					
<u> </u>										
										. =
				-						
						-				
									<u>. </u>	
							_	<u> </u>		

Fai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>ees</u>	<u>, an</u>	d Hi	ighe	st C	compensated Employe	es (continued)				
	· (A)	(B)				C)			(D)	(E)			(F)	
•	Name and title	Average	not c		itior	า than	006	Reportable	Reportable		E	timate	∍d	
		hours per	box	, unle	ss pe	erson	is bo	lh an	compensation	compensation	n	ar	nount	of
		week		cer ar	10 a c	T	or/trus	100)	from	from related			other	
		(list any	Individual trustee or director		1				the	organization		ĺ	pensa	
		related	Pio	<u>8</u>			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	3C)	l	om th anızat	
		organizations	ruste	Institutional trustee		8	Highest compensated employee		(44.2/1099-141130)			_	d relat	
		below	dead	ag g	_	힅	Stco		j			1	anizati	
		line)	100	la sta	Officer	Key employee	High	Ē				ľ		
					Ī	Γ.								
			1											
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							 	_						
										'				
1b	Sub-total				L	-		<u> </u>	0.		0.			0.
	Total from continuation sheets to Part VI	I. Section A					•	•	0.		0.			0.
	Total (add lines 1b and 1c)	,						.	0.		0.	•		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	le			
_	compensation from the organization						•			•				0
													Yes	No
3	Did the organization list any former officer,	director, or tru	ste	e, ke	y er	nplo	yee,	or h	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s				•	·	•		•			3		X
4	For any individual listed on line 1a, is the su		e co	ompe	ensa	ation	and	d oth	ner compensation from	the organization				
	and related organizations greater than \$150									-		4		Х
5	Did any person listed on line 1a receive or a									dual for services				
	rendered to the organization? If "Yes," com											5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	lepe	ende	nt c	ontr	acto	ors ti	hat received more than	\$100,000 of com	pens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear e	endı	ng v	vith	or w	ıthın	the organization's tax	/ear				
	(A)								(B)			(0		
	Name and business	address	NC	ONE	3				Description of s	ervices	<u>c</u>	ompe	nsatio	n
								Ì						
								_						
								1						
								_				_		
								\dashv						
														_
2	Total number of independent contractors (ii		ot lir	nite	d to		_	sted	above) who received m	ore than				
	\$100,000 of compensation from the organiz	zation -				(<u> </u>						000	

			Check if Schedule O con	tains a response	or note to any lir	ne in this Part VIII			
	•				<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns	1a					
ra n			Membership dues	1b		j			
S E			Fundraising events	1c					
if the			Related organizations	1d					
%.E			Government grants (contribut						
Sig			All other contributions, gifts, gran						
ĘĘ		•	similar amounts not included abo	1 1	458,979.	,			
걸		_			430,313.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines Total. Add lines 1a-1f	3 1a-1/ \$		458,979.			
<u> </u>			Total, Add liftes Ta-11		Business Code			·	
Φ	ر ا	а							
ž.	~	b							
Ser		c			-		-		
Ĕ Š		d							
βœ		<u>u</u>							
Program Service Revenue		f	All other program service reve	enue					
			Total. Add lines 2a-2f						
	3		Investment income (including	dividends, intere				· -	
			other similar amounts)	•					
	4		Income from investment of ta	x-exempt bond r	-			· -	
	5		Royalties .		•				-
			•	(i) Real	(ii) Personal				
	6	а	Gross rents						
		_	Less. rental expenses	-	-				
			Rental income or (loss)						
			Net rental income or (loss)						
	7		Gross amount from sales of	(i) Securities	(II) Other				
	•	•	assets other than inventory	(y cocannos	(1) 011101				
		h	Less: cost or other basis						
		_	and sales expenses		!				
		_	Gain or (loss)						
			Net gain or (loss)						
	Ω		Gross income from fundraisin	a events (not					
nue	J		including \$		1				
ķ			contributions reported on line						
Ä,			Part IV, line 18	а					
Other Reven		h	Less: direct expenses	b					
ō			Net income or (loss) from fund	_			i		
			Gross income from gaming ac	_				···········	
	•		Part IV, line 19	а			•		
			Less. direct expenses	- b					
			Net income or (loss) from gam		—				
			Gross sales of inventory, less	-	[
		_	and allowances	а					
-		b	Less cost of goods sold	- b					
			Net income or (loss) from sale				i		
Ì		_	Miscellaneous Revenu		Business Code				
Ì	11	а							
		b							
		c							
		d	All other revenue						
		е	Total. Add lines 11a-11d	•	. •				
	12_		Total revenue. See instructions.		•	458,979.	0.	0.	0.

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All ot	her organizations must co	omplete column (A).	
	' Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<u></u>
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management		_		
b	Legal				
C	Accounting		_		
d	, ,				
е	, , , , , , , , , , , , , , , , , , ,	. <u></u>			
f	Investment management fees				
g	, ,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	10 222	10 222		
13	Office expenses	18,332.	18,332.		·
14	Information technology				
15	Royalties	61 625	61 625		
16	Occupancy	61,625.	61,625.	-	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	295,337.	295,337.		<u> </u>
19 20	Interest	4,0,0010	273,3376		
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	156.	156.		
23	Insurance	2500	2301		
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 0.)				
	CASUAL LABOR	30,200.	30,200.		
b	PROFESSIONAL FEES	16,380.	16,380.		
С	TELEPHONE	9,893.	9,893.		-
d	UTILITIES	6,870.	6,870.		
	All other expenses	3,951.	3,951.		
25	Total functional expenses. Add lines 1 through 24e	442,744.	442,744.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)		•		

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 8,326. 20,717. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr). Complete Part II of Sch L Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 2,705. 2,627. 234 78. b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 8,560 20,795 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 4,910. 25 910. 4.910 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🗶 and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 0. 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund 19,885. 3,650. 32 Retained earnings, endowment, accumulated income, or other funds 32 3,650. 19,885. Total net assets or fund balances 33 33 8,560 20,795. Total liabilities and net assets/fund balances

Form **990** (2013)

-om	1 990 (2013) SECURITY RESEARCH ASSOCIATES, INC	74-220	19420	Pag	₈ 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,97	
2	Total expenses (must equal Part IX, column (A), line 25)	2	442	2,74	<u>44.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	16	23	<u>35.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	65	<u>50.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	19	,88	<u>35.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Cther				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	99 0 (2	2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number Name of the organization 74-2209420 SECURITY RESEARCH ASSOCIATES. 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) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h c ____ Type III - Functionally integrated d Type III - Non-functionally integrated b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the organization in col. (iv) is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization in col. (i) listed in your organization in col. (described on lines 1-9 (i) organized in the U.S.? organization support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes

Schedule A (Form 990 or 990-EZ) 2013 SECURITY RESEARCH ASSOCIATES, INC 74-2209420 Page 2

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

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

Se	ction A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not				1		
	include any "unusual grants ")	<u></u>			1		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		ľ	ľ			
3	The value of services or facilities						
	furnished by a governmental unit to		İ				
	the organization without charge	<u> </u>]			_	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a			!			
	governmental unit or publicly						
	supported organization) included	1					
	on line 1 that exceeds 2% of the	l			İ		
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4					-	
	ction B. Total Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)					_	
11	Total support. Add lines 7 through 10					L	
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here			<u> </u>	 	<u> </u>
	tion C. Computation of Publi	-					
	Public support percentage for 2013 (li	•	· ·	column (f))		14	%
	Public support percentage from 2012					15	<u>%</u>
16a	33 1/3% support test - 2013. If the o	_			14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies a		•		41 45 00 4/00	/b!-	▶
b	33 1/3% support test - 2012. If the o	•			1 line 15 is 33 1/3%	or more, check tr	IIS DOX
47-	and stop here. The organization quali				a 10 16a a- 16b	and line 14 100/	. P
1/a	10% -facts-and-circumstances test	•					
	and if the organization meets the "fact			•	-	it iv now the organ	
	meets the "facts-and-circumstances" t	•			•	170 and her 45 :-	▶ □ 10% or
D	10% -facts-and-circumstances test						
	more, and if the organization meets the				•		, ►□
10	organization meets the "facts-and-circ		-	•			
10	Private foundation. If the organization	r did not check a	DOX OF THE 13, 10	a, 100, 178, 01 171	D, CHBOK MIS DOX 8	min see mistruction	<u>> </u>

Schedule A (Form 990 or 990-EZ) 2013 SECURITY RESEARCH ASSOCIATES,

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.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	278,084.	321,483.	235,825.	290,705.	458,979.	1,585,076,
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 bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						<u> </u>
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	278,084.	321,483.	235,825.	290,705.	458,979.	1,585,076.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year						0.
	Add lines 7a and 7b				· -		
	Public support (Subtract line 7c from line 6)					I	1 585 076.
		(-) 0000	#N 0010	(-) 0011	4-1) 0010	(-) 0010	/O Tabal
	ndar year (or fiscal year beginning in)	(a) 2009 278, 084.	(b) 2010 321, 483.	(c) 2011 235, 825.	(d) 2012 290, 705.	(e) 2013 458, 979.	(f) Total
	Amounts from line 6 Gross income from interest,	270,004.	321,403.	235,625.	290,705.	450,313.	1,585,076.
	dividends, payments received on securities loans, rents, royalties and income from similar sources	45.					45.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	45.				-	45.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)	278.129.	321,483.	235.825.	290.705	458,979.	1,585,121,
	First five years. If the Form 990 is for						
	check this box and stop here			-,	,	(.)	▶ □
Sec	tion C. Computation of Publi	c Support Per	centage				-
	Public support percentage for 2013 (li			olumn (fl)		15	100.00 %
	Public support percentage from 2012			· · · · · · · · · · · · · · · · · · ·	<u> </u>	16	99.96 %
	tion D. Computation of Inves				<u> </u>		
	Investment income percentage for 20	•		e 13. column (f))		17	.00 %
	Investment income percentage from 2	•	•		ļ	18	.04 %
	33 1/3% support tests - 2013. If the			on line 14, and line	15 is more than 33		
	more than 33 1/3%, check this box ar						▶X
b	33 1/3% support tests - 2012. If the	•	•	•		,	ind
	line 18 is not more than 33 1/3%, check	ck this box and sto	op here. The orga	nızatıon qualıfies a	s a publicly suppo	rted organization	▶□
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	i, or 19b, check th	is box and see inst	tructions .	▶ □

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SECURITY RESEARCH ASSOCIATES TNC Employer identification number

74-2209420

Pa	rt I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		,	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	- ·	only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No_
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part IV	/, line 7
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historica	ally important land area
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	nization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		. —
7	Amount of expenses incurred in monitoring, inspecting, and or Does each conservation easement reported on line 2(d) above		
8	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 170(1)(4)(Yes No
9	In Part XIII, describe how the organization reports conservation	on eacements in its revenue and expense state	
9	include, if applicable, the text of the footnote to the organization	•	
	conservation easements	ion o manda statements that describes the or	gariization o accounting to
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and I	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treating	asures, or other similar assets for financial gain,	, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

		Y RESEARCH							<u> 209420</u>	
Pa	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	on, and other recor	ds, checł	cany of the	following th	at are a s	ignificant	use of its	collection	items
1	(check all that apply)		_							
а	Public exhibition	•	_		hange progr	rams				
b	Scholarly research	•	e(Other						
C	Preservation for future generations									
4	Provide a description of the organization's c			-	_			ose in Pai	t XIII.	
5	During the year, did the organization solicit of					ner sımıla	r assets	_	_	
	to be sold to raise funds rather than to be m								Yes	No_
Pai	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizatio	n answered	"Yes" to	Form 990), Part IV, _	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other a	ssets not	ıncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able [.]						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f	L		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						_ Yes	∐ No
	If "Yes," explain the arrangement in Part XIII								·	
Pa	t V Endowment Funds. Complete	f the organization ai	1		T					
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four y	rears back
1a	Beginning of year balance								 	
b	Contributions									
C	Net investment earnings, gains, and losses		-						<u> </u>	
d	Grants or scholarships		 						 	
е	Other expenditures for facilities									
	and programs	<u>-</u>	-		-					
f	Administrative expenses		-		 					
9	End of year balance		0 1-		-\\ h = \d = = .				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a	a)) neid as:					
a	Board designated or quasi-endowment		%							
b	Permanent endowment	% %								
С	Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should be a s									
3a	Are there endowment funds not in the posse	·	ation tha	t are held a	nd administr	ered for t	he organi	zation		
Ja	by.	ssion of the organiz	ation tha	t ale ficio a	ina aaniinist	bica ioi t	no organi	Lution	[v	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	•							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	ule R?					3b	
4	Describe in Part XIII the intended uses of the	•								
_	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" to Form 990), Part IV,	line 11a. S	ee Form 990), Part X,	line 10			
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Book	value
		basis (investi	ment)		(other)		preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				2,705.		2,6	27.		78.
e	Other					L				
Total	Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X colum	n (B) line 1	(0(c))					78.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

▶

910.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

Schedule D (Form 990) 2013 SECURITY RESEARCH ASSOC		74-2209420 Page 4
Part XI Reconciliation of Revenue per Audited Financial St	atements With Revenu	ie per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, Iii	ne 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	. 2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	. <u>4a</u>	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5
Part XII Reconciliation of Expenses per Audited Financial St	=	ses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, Iir	ne 12a	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 		3
	40	
	4a 4b	
b Other (Describe in Part XIII.) c Add lines 4a and 4b	<u> 40 </u>	40
•	0.1	4c 5
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Part XIII Supplemental Information.	0./	1 9
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and nes 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a		art V, line 4, Part X, line 2; Part XI,

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

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.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Employer identification number 74-2209420

SI	ECURITY RESEA	ARCH ASSOC	IATES, INC		74-2209420	
FORM 990, PART VI	, SECTION B,	LINE 11:				
EXPLANATION: FORM	990 SHOWN TO	OFFICERS	BEFORE FILI	NG		
FORM 990, PART VI	, SECTION C,	LINE 19:				
EXPLANATION: UPON	REQUEST THE	FINANCIAL	INFORMATION	IS AVAI	LABLE TO TH	Œ
PUBLIC		<u> </u>				
						
<u> </u>						
		 				
					 	
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2013 DEPRECIATION AND AMORTIZATION REPORT

E. E.	FORM 990 PAGE 10				F	_		966							
Asset	Description	Date Acquired	Method	Life	jž voc>	No Cost	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
-	1 VIDEO CAMERA	01/12/09 200DB	200DB	5.00	HY17		1,161.	-		581.	580.	480.		67.	547.
1.4	2 COMPUTER	04/14/09 200DB	200DB	5.00	HY17		1,544.		•	772.	772.	638.		89,	727.
	* 990 PAGE 10 TOTAL														
	MACHINERY & EQUIPMENT						2,705.			1,353.	1,352.	1,118.		156.	1,274.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,705.		-	1,353.	1,352.	1,118.		156.	1,274.
328111 05-01-13							(D) - Asset disposed	besc		•	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ercial Revital	Ization Deduc	tion, GO Zone

Form 8868 (Rev. 1-2014)					Page 2
• If you are filing for an Additional (Not Automatic) 3-Month E	Extension,	complete only Part II and check this	s box		► X
Note. Only complete Part II if you have already been granted ar			iled Form	8868.	
If you are filing for an Automatic 3-Month Extension, complete.	lete only P	art I (on page 1).			
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	al (no d	copies needed	<u>). </u>
		Enter filer's	identify	ing number, see i	nstructions
Type or Name of exempt organization or other filer, see instr	ructions.	į	Employe	er identification nu	mber (EIN) or
print		_			
File by the SECURITY RESEARCH ASSOCIATE	ES, IN	<u>C</u>		74-22094	120
due date for Number, street, and room or suite no. If a P.O. box, filing your	see instruc	tions.	Social s	ecurity number (SS	3N)
return See 2200 4 AVENUE N, NO. 3					
City, town or post office, state, and ZIP code. For a	foreign add	fress, see instructions.			
LAKE WORTH, FL 33461					
Enter the Return code for the return that this application is for (f	ile a separa	te application for each return)			01
	7	T			
Application	Return	Application			Return
<u>is For</u>	Code	is For			Code
Form 990 or Form 990-EZ	01	Fa 1041 A			
Form 990-BL	02	Form 1041-A			08
Form 990-PF	04	Form 4720 (other than individual) Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grante			ough file	ad Form 9969	1 12
THOMAS TRENTO	u an auton	nauc 3-month extension on a previ	ously III	eu Porni 6666.	
• The books are in the care of > 2200 4 AVE N #	3 - T.	AKE WORTH ET. 3346	1		
Telephone No. ▶ <u>561-582-1424</u>	<u>, </u>	Fax No.			
If the organization does not have an office or place of business	ss in the Un	·			
If this is for a Group Return, enter the organization's four digit		* * * *		or the whole group.	. check this
box . If it is for part of the group, check this box	_	ch a list with the names and EINs of			
		BER 15, 2014.			
5 For calendar year 2013, or other tax year beginning		, and ending	1		
6 If the tax year entered in line 5 is for less than 12 months,	check reaso			return	
Change in accounting period					
7 State in detail why you need the extension					
TAXPAYER NEEDS ADDITIONAL TIM	E TO I	PREPARE A COMPLETE	AND	ACCURATE	TAX
REURN					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069, e	enter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter any	refundable credits and estimated	- 1	ļ	
tax payments made. Include any prior year overpayment a	llowed as a	credit and any amount paid	<u> </u>	ĺ	
previously with Form 8868.			8b	\$	0.
Balance due. Subtract line 8b from line 8a. Include your page 1.	-	n this form, if required, by using	ł		_
EFTPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.
_		t be completed for Part II or	•		
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and light am authorized to prepare this f	ding accomp orm.	anying schedules and statements, and to	the best o	of my knowledge and	belief,
Signature Title	CPA_		Date	▶ 8/12/1	4
V				Form 8868 (F	Rev. 1-2014)