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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047 2014

Open to Public Inspection

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.

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

For the 2014 calendar year, or tax year beginning 01/01 2014, and ending 20 14 C Name of organization Nuclear Threat Initiative Inc. D Employer identification number Check if applicable Doing business as Nuclear Threat Initiative Address change 52-2289435 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 1747 Pennsylvania Avenue NW Ste 700 202-296-4810 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Washington, DC, 20006 G Gross receipts \$ 27,447,723 Amended return F Name and address of principal officer H(a) Is this a group return for subordinates? Yes No Application pending Sam Nunn H(b) Are all subordinates included? Tyes No 1747 Pennsylvania Ave NW, Suite 700, Washington, DC 20006 If "No." attach a list (see instructions)) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 501(c)(3) 501(c) (Tax-exempt status Website: ▶ www.nti.org H(c) Group exemption number ▶ M State of legal domicile GA Summary Part I Briefly describe the organization's mission or most significant activities: The corporation is organized exclusively for one or more purposes as specified in Section 501(c)(3) of the Code, including, without limitation, to: Assist and support activities Activities & Governance (Continued on Schedule O, Statement 1) Check this box ▶☐ 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) 23 Number of independent voting members of the governing body (Part VI, line 1b) 20 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 34 6 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h). 17,387,801 15,698,460 9 Program service revenue (Part VIII, line 2g) n n 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 19,884 -3,952 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 66,320 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 17,407,685 15,760,828 Grants and similar-amounts paid (Part IX, column (A), lines 1-3) 13 2,350,505 3,103,928 14 0 0 15 5,319,577 5,655,211 16a ชื่อเลl เปฏิชาสเรไกร expenses (Ran IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 6,550,106 5,122,655 Total expenses Add Inds 13-17 (must equal Part IX, column (A), line 25) 18 14,220,188 13,884,794 Revenue less expenses. Subtract line 18 from line 12 19 3,187,497 1,876,034 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 21,570,108 23,355,511 21 Total liabilities (Part X, line 26) 1,723,730 1,631,185 22 Net assets or fund balances. Subtract line 21 from line 20 21,724,326 Signature Block Under penalties of perjury, I declare that I to ve 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 (other than officer) is based on all information of which preparer has any knowledge Sign Here Christopher F Carr, Treasurer and CFO Type or print name and title Print/Type preparer's name **Paid** Check I If Christine Hung self-employed P00002737 **Preparer Avalon Financial Advisors** 58-1259406 **Use Only** 133 Luckie Street, Atlanta, GA 30303 404-522-4200 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes
☐ No

For Paperwork Reduction Act Notice, see the separate instructions.



Cat No 11282Y



Form 990 (2014)

Form 99	90 (2914)	Page 2
Part l		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission. The Nuclear Threat Initiative's 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 tultimate fulfillment of the Non-Proliferation Treaty's goals and ambittons.	he
2	Did the organization undertake any significant program services during the year which were not listed on the	
3	prior Form 990 or 990-EZ?] No
	services?] No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to of the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$3,984,553 including grants of \$889,243) (Revenue \$0) See Statement 2	
4b	(Code:) (Expenses \$ 3,726,067 including grants of \$ 1,327,800) (Revenue \$ 0) See Statement 2	
4c	(Code:) (Expenses \$ 3,459,476 including grants of \$ 490,000) (Revenue \$ 0) See Statement 2	
4d	Other program services (Describe in Schedule O.) See Schedule O, Statement 2	
	(Expenses \$ 543,954 including grants of \$ 400,660) (Revenue \$ 0)	
4e	Total program service expenses ▶ 11,714,050	

art	V 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	✓	
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? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	-		Ť
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
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		√
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? <i>If "Yes," complete Schedule D, Part IV </i>	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, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a	✓	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	✓	
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	✓_	
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	_	1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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	23 24a		1
	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		1
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	-	1
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):			
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	√	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		1
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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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,			,
38	Part VI	37	/	✓
			بيب	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••	Yes	No.
4.	Fatantha washan and dia Ray 2 of Farm 1000 Fatan 0 of not applicable	$\overline{}$	162	140
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			ľ
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	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	- <u>`</u> -	_	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 34			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
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	*	ļ
þ	If "Yes," enter the name of the foreign country: Russia			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
5a	(FBAR). 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?	5b		/
c	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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		-	
	gifts were not tax deductible?	6b		<u> </u>
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		/
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
_	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		-
9	sponsoring organization have excess business holdings at any time during the year?	-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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:			
a	Gross income from members or shareholders			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	l	.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L	L	L
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	100	ł		
C 14a	Enter the amount of reserves on hand	14a		1
14a	If "You " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	 	+*-

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	struct	ions.
Saction	on A. Governing Body and Management	<u> </u>	•	<u>. U</u>
Secui	on 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 the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . <u>1b 20</u> 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?	Ī		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	-	/
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		/
6 7a	Did the organization have members or stockholders?	6 7a		<i>y</i>
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>√</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	/	<u> </u>
ь 9	Each committee with authority to act on behalf of the governing body?	8b	-	├
	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	ode)	<u>/</u>
Secur	on b. Policies (This Section b requests information about policies not required by the internal Never	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> </u>		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	√	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?	14	✓	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	√	<u> </u>
b 160	Other officers or key employees of the organization	15b	· ·	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		/
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			
C+'	organization's exempt status with respect to such arrangements?	16b	L	L
Section 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► See Schedule O, Statement 3			
18	List the states with which a copy of this Form 990 is required to be filed See Schedule O, Statement 3 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501((c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretation in the statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	Christopher Carr. (202)296-4810			

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if heither the organiza	lition nor any relate	u org. I	ailiz)) C)	ompe	1150	Ted any curren	lt Officer, director	, or trustee.
***	, m				-, ition					
(A)	(B)			eck	more	e than d		(D)	(E)	(F)
Name and Title	Average hours per					is both or/trus		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any					,	–	from	related	other
	hours for related	₫₫	nstit	Officer	éy	퍨	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations		Institutional trustee	ª	Key employee	e byee	₽	(W-2/1099-MISC)	(** 25 7000 111100)	organization
	below dotted	₹	nal t		Ş	°ĝ				and related organizations
	line)	stee	rust]	٥) Dens				organizations
			66			Highest compensated employee				
Manual Allerahi	_									
Hamad Alkaabi	- 4	1				1		0	o	0
Member of the Board of Directors	4	-	\vdash	\vdash	┝	 	┢	ļ		
Alexey Arbatov Member of the Board of Directors	0	/						0	0	0
Docmand Prown	25	 		\vdash				-	0	<u> </u>
Vice Chair	0	1		/				217,523	٥	38,283
Liru Cui	4	<u> </u>	 	ΙŤ	\vdash			217,323		30,203
member of the Board of Directors	0	1	!					0	٥	o
Michael Douglas	4	Ť		\vdash				<u> </u>		
Member of the Board of Directors	-	/				ļ		0	۰ ا	o
Polf Ekous	4	<u> </u>	t		 		\vdash	 		<u>.</u>
Member of the Board of Directors	-	1						۰ ا	0	o
Cidoon Frank						i	t			
Member of the Board of Directors	0	1						l 0	l 0	0
Eugene E Habiger										
Member of the Board of Directors	0	✓		İ				0	0	o
Igor S Ivanov	4									
Member of the Board of Directors	0	1 🗸				İ		0	o	0
Riaz Mohammad Khan	4		Т							
Member of the Board of Directors	0] ✓				l		0	0	0
Jeong Kim	4				Γ	Ĭ				-
Member of the Board of Directors	0	[✓						0	о	0
Pierre Lellouche	4									
Member of the Board of Directors	0	✓		L.			乚	0	0	0
Richard G Lugar	4]								
Member of the Board of Directors	0	✓					_	0	0	0
Jessica T Mathews	4]								
Member of the Board of Directors	0	✓		L	L.	<u> </u>	<u> </u>	0	0	0

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

					C)			1		
					ری ition					
(A)	(B)	(do n	ot ch			e than o	one	(D)	(E)	(F)
Name and Title	Average hours per	box, unless person is both an officer and a director/trustee)						Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any		· ·		_		<u> </u>	from	related	other £
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	\$\delta \delta	Former	the organization	organizations (W-2/1099-MISC)	compensation
	organizations	rect	Ē	Ğ.	§	l oye	■	(W-2/1099-MISC)		from the organization
	below dotted	악함	na		ğ	[®] 9		ľ		and related
	line)	ıste	trus		8	Pen				organizations
		Ф	tee			Highest compensated employee				
	_									
Ronald L Olson	6	,						1		
Member of the Board of Directors	0	✓		<u> </u>	<u> </u>		⊢-	0	0	0
Paul Ottelini	4	,								
Member of the Board of Directors	0	✓	<u> </u>	<u> </u>	<u> </u>	_	 	0	0	0
Hisashi Owada	4	,					ļ			
Member of the Board of Directors		√	-	<u> </u>	-	-	<u> </u>	0	0	0
Malcolm Rifkind	4	,								
Member of the Board of Directors	0	√		<u> </u>	<u> </u>	ļ	ऻ_	0	0	0
Ellen O Tauscher	6	١,				ł		1		
Member of the Board of Directors	0	✓					_	0	0	0
RE Turner III	6	١,		١,		1		}		
Co-Chairman	0	✓		✓			<u> </u>	0	0	0
Fujia Yang	4									
Member of the Board of Directors	. 0	✓	ļ	_	_		<u> </u>	0	0	0
Sam Nunn	35	_		١.				1		
Co-Chairman and CEO	0	✓		✓				357,000	0	26,000
Joan Rohlfing	45			١.						
President and COO	0	✓		✓	<u> </u>	<u> </u>	_	341,794	0	48,973
J Rutherford Seydel II	4									
Corporate Secretary	0			✓			L	0	0	0
Deborah Rosenblum	40								[
Vice President	0			✓	L			286,171	0	45,124
Carmen McDougall	40									
Vice President	0		<u> </u>	✓	<u> </u>	<u> </u>	<u>L</u>	225,611	0	50,181
Page Stoutland	40									
Vice President	0			✓				230,432	0	47,398
Christopher Carr	40		1							
CFO and Treasurer	0	L	L	✓	L_	<u></u>	L	179,192	0	37,712

	0 (2014)													Page 8
Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees			lighes	st C	ompensated E	mployees (co	ntinue	rd)		
	(A) (B) (B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) (C) Position (D) (E) Reportable compensation from co										(F) Estimated amount of			
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-MIS		comp from orgai and	ther ensation the nizatio related nization	n t
Andre	w Bieniawski	45												
	resident	0			✓			_	106,955		<u> </u>		1	1,795
	Hinderstein	40	ł			/			200 407					
	resident	40				-		 	206,427		0			33,378
	a MacPhail or, Officer of the Hon Sam Nunn	0	1		i		/		149,102		o			13,683
	t F Berls	40						\vdash	140,102		1	_		.0,000
	Advisor on Russia and Eurasia	0	1				✓		205,420		o		4	18,209
Diane	Hauslein	40												
Direct	or of Administration	0					✓	ļ	166,797		0		- 4	11,484
	rine Gwin	36					,							
	Director of Communications	0			┝	 	✓	 	158,862		0			10,388
	ret Hall Director of Public Education and Outreach	40 0					1		132,839		0		3	88,807
			}											
1b	Sub-total			Ч.	<u>. </u>			<u> </u>	2,964,125		0		55	51,415
Ç	Total from continuation sheets to Part	VII, Sectio												,
ď								▶ .	2,964,125		0		55	51,415
2	Total number of individuals (including but			nose	e tist	ted	above	e) w	ho received m	ore than \$100	0,000	of		
	reportable compensation from the organi	zation ► 1	9										V	T
3	Did the organization list any former of										sated		Yes	
	employee on line 1a? If "Yes," complete										, 4	3		
4	For any individual listed on line 1a, is the organization and related organizations													
	individual	_						., 			ouo.	4	1	
5	Did any person listed on line 1a receive of for services rendered to the organization													
Soction	on B. Independent Contractors	111 163, 0	Jonnpi	CIC	307	<i>i</i> eui	116 0 1	0/ 3	Person		•	5		✓
1	Complete this table for your five highest													
	compensation from the organization. Repyear.	oort compe	ensatio	on to	or ti	ne c	alend	ıar y	year ending wi	n or within tr	ne orga	anizatio	on's 1	ax
	(A) Name and business add	iress							(B) Description of s	ervices	C	(C) compens		
	n Andreasen, 535 19th Street, Apt 34, Roche							_	tional security	consultant t		_		08,020
	Front Communications, 1121 14th St NW, W							_	ebsite					76,550
KODIN	Lee Perry, 738 Grand View Avenue, San Fra	ncisco, CA	94114	•				100	onsulting				1:	50,000
2	Total number of independent contractor received more than \$100,000 of compen							o th	nose listed ab 3	ove) who				

	90 (201						·	Page 9
Par	VIII	Statement of Reve			line in this	Dest VIII		
		Check If Schedule C	ocontains a res	oonse 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	s 1a	0				
	b	Membership dues .	1b	0				
	С	Fundraising events .		0				
	d	Related organizations		0				
ī, i	e	Government grants (cor	,	120,440				
er S	f	All other contributions, g						1
년 美		and similar amounts not inc	<u></u> _	15,578,020				į
Contributic and Other	g	Noncash contributions include		11,665,685				
	h	Total. Add lines 1a-1	<u> </u>	Business Code	15,698,460			
Ĕ	20			busiliess Code				
ě	2a b							•
8	C							
ΘŽ	d							<u> </u>
SE	e							
Program Service Revenue	f	All other program ser						
9	g	Total. Add lines 2a-2		▶	0	· · · · · · ·		- "
	3	Investment income	,	ends, interest,				
		and other similar amo	•	•	13,970	13,970	0	0
	4	Income from investmen	t 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						
	b c	Less: rental expenses Rental income or (loss)	0	0				
	ď	Net rental income or						
	7a	Gross amount from sales of	(i) Secunties	(ii) Other				
		assets other than inventory	11,668,973	0				
	b	Less: cost or other basis			-			
		and sales expenses .	11,686,895	0				
	С	Gain or (loss)	-17,922	0				
	d	Net gain or (loss) .		<u>•</u>	-17,922	-17,922	0	0
9	۰,	Gross income from fu	ındrojoina					
enc	Oa	events (not including \$	onuraising 0					
ě		of contributions reporte						
7		See Part IV, line 18 .						
Other Revenue	b	Less: direct expenses	-	-				
0		Net income or (loss) f		events . ►				
	9a	Gross income from ga						
		See Part IV, line 19 .	- -					ļ
	b	Less: direct expenses						
		Net income or (loss) f		vities . ▶				
	10a	Gross sales of in returns and allowance	•					}
	ь	Less: cost of goods s						
	C	Net income or (loss) f						
	ب	Miscellaneous R		Business Code				<u> </u>
	11a							
	b	•••••						
	С							
	d	All other revenue .	. ,		66,320	66,320	0	0
	е	Total. Add lines 11a-		•	66,320			
	12	Total revenue, See in	nstructions.		15 760 929	62 360		0

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4)	organizations must comp	lete all columns. All other or	ganizations must com	plete column (A).
--	---------------------------------	-------------------------	--------------------------------	----------------------	-------------------

	Check if Schedule O contains a respons		ne in this Part IX		
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		скропосо	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21	1,412,699	1,412,699		
2	Grants and other assistance to domestic	1,412,055	1,412,033		
-	ındividuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,691,229	1,691,229		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	1,682,625	1,290,575	381,955	10,095
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 8	Other salaries and wages	2,866,011	2,198,670	653,016	14,325
9	Other employee benefits	833,687	639,439	189,246	5,002
10	Payroll taxes	272,888	209,306	61,945	1,637
11	Fees for services (non-employees).				
а	Management	1,331,063	1,158,284	110,393	62,386
b	Legal	79,132	0	79,132	0
С	Accounting	59,500	0	59,500	0
d	Lobbying	0	0	0	0
е	Professional fundraising services. See Part IV, line 17	3,000			3,000
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	_	_	_	_
	· · ·	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	31,170	20,933	9,949	288
14 15	Information technology	169,537 0	124,654	37,940	6,943
16	Royalties	684,779	460,293	217,872	6,614
17	Travel	667,642	586,428	71,219	9,995
18	Payments of travel or entertainment expenses	007,042	300,420	71,215	9,555
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	883,772	826,996	55,263	1,513
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	103,755	69,829	32,928	998
23	Insurance	62,333	42,056	19,740	537
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	Postage and Shipping	41,699	36,626	4,431	642
b	Printing and Publications	122,021	101,557	7,068	13,396
С	Programmatic Contracts	718,925	718,925	0	
d	Telecommunications	74,152	56,060	17,523	569
е	All other expenses	93,175	69,491	21,554	2,130
25	Total functional expenses. Add lines 1 through 24e	13,884,794	11,714,050	2,030,674	140,070
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 End of year Beginning of year 1 2 11,894,728 2 12.950.236 3 Pledges and grants receivable, net 3 6,302,987 7,199,364 4 4 25,912 16.115 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. ol 5 0 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 ol 6 0 Assets ol 7 0 0 8 0 9 Prepaid expenses and deferred charges . . . 195.866 9 121.387 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1.029.616 Less: accumulated depreciation 124,926 10c 10b 27.666 11 Investments—publicly traded securities 3,025,689 11 3,040,743 12 Investments—other securities, See Part IV, line 11 . . . 12 0 Investments - program-related. See Part IV, line 11 13 0 13 14 14 0 15 Other assets. See Part IV, line 11 o 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 21,570,108 16 23,355,511 17 Accounts payable and accrued expenses 17 715,309 260,648 18 18 967,971 1,332,504 19 Deferred revenue $\ldots \ldots \ldots \ldots \ldots \ldots \ldots$ 19 0 20 20 0 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 Loans and other payables to current and former officers, directors. 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 0 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 40,450 38,033 25 26 Total liabilities. Add lines 17 through 25 1,723,730 26 1,631,185 Organizations that follow SFAS 117 (ASC 958), check here ▶ 📝 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 12,424,847 14,653,824 28 7,421,531 28 7,070,502 29 0 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 <u>19,84</u>6,378 33 21,724,326 Total liabilities and net assets/fund balances 21,570,108 34 23,355,511 Form **990** (2014)

_	4	
Page	1	2

	_ ` '					9
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1 <u>5,</u> 76	0,828
2	Total expenses (must equal Part IX, column (A), line 25)	2			13,88	4,794
3	Revenue less expenses. Subtract line 2 from line 1	3			1,87	6,034
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			19,84	6,378
5	Net unrealized gains (losses) on investments	5				1,914
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				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			21,72	4,326
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
þ	Were the organization's financial statements audited by an independent accountant?		.	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а			
	separate basis, consolidated basis, or both					
	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 o	_		ľ	_	
	of the audit, review, or compilation of its financial statements and selection of an independent accounts and selection of an independent accounts.		_ L	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	ın			
_	Schedule O.		-			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth	ın			,
_	the Single Audit Act and OMB Circular A-133?	• •	<u>.</u>	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo specific and describe any steps to undergo such a required audit or audits or sudits.	_				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	uaits.		3b		
				Forn	n 990	(2014)

SCHEDULE A (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.

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

20**14**

Open to Public Inspection

Employer identification number

Nucl	ear Threat Initiative Inc					52-22	89435
Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The c . 1 . 2 . 3 . 4	organization is not a private foundar A church, convention of church A school described in section A hospital or a cooperative hospital's name, city, and state	hes, or associati 170(b)(1)(A)(ii). spital service org on operated in co	on of churches descri (Attach Schedule E.) ganization described ii	bed in se	ection 17 170(b)(1	0(b)(1)(A)(i).)(A)(iii).	iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	d by a government	al unit described ir
6 7	☐ A federal, state, or local governous An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
9	☐ A community trust described in ☐ An organization that normally receipts from activities related support from gross investme acquired by the organization a	receives: (1) mod to its exempt and	re than 331/3% of its functions—subject to unrelated business t	support for certain taxable ii	exceptioi ncome (l	ns, and (2) no more ess section 511 ta	than 331/3% of its
10 11	☐ An organization organized and ☐ An organization organized and one or more publicly supported the box in lines 11a through 11	operated exclusi	vely for the benefit of, lescribed in section 5 0	to perfor 09(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See secti	on 509(a)(3). Checl
а	☐ Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele	-		•	
b	☐ Type II. A supporting organic control or management of the organization(s). You must co	e supporting org	ganization vested in th				
С	Type III functionally integra its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	zation generally must	satisfy a	dıstrıbutı	on requirement and	
е		ation received a	written determination	from the	IRS that	ıt ıs a Type I, Type I	I, Type III
f g	Enter the number of supported or Provide the following information	•	oorted organization(s).				
	(i) Name of supported organization	(u) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(coo men donone)	Yes	No		
(A)							
(B)	-					_	
(C)							
(D)							
(E)							

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.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55,862,714	4,606,893	3,970,774	17,360,718	15,726,192	97,527,291
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	o	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	o	0	0	0	0	0
4	Total. Add lines 1 through 3	55,862,714	4,606,893	3,970,774	17,360,718	15,726,192	97,527,291
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						81,990,160
6	Public support. Subtract line 5 from line 4.						15,537,131
Section	on B. Total Support	•					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	55,862,714	4,606,893	3,970,774	17,360,718	15,726,192	97,527,291
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	36,379	37,413	30,869	17,041	13,970	135,672
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	0	782	3,810	26,830	66,320	97,742
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye		
	organization, check this box and stop he	re		<u> </u>			▶ 🗀
Secti	on C. Computation of Public Suppor					, , 	·
14	Public support percentage for 2014 (line					14	15.89 %
15	Public support percentage from 2013 Sch	nedule A, Part	II, line 14 .			15	14.8 %
16a	331/3% support test—2014. If the organization gua						
h	box and stop here. The organization qua 331/3% support test—2013. If the organ	•		-			
b	check this box and stop here. The organ						
470	•	·		· · ·			
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, che	ck this box ar	nd stop here. E	Explain in
b [*]	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization or Explain in Part VI how the organization or supported organization	tion meets the leets the "facts	facts-and-ci and-circums	rcumstances" tances" test. T	test, check th	nis box and st	op here. a publicly
18	Private foundation. If the organization di				or 17h chec	k this box and	. ► ∐
10	instructions						

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.)

Secti	on A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")				•		
2	Gross receipts from admissions, merchandise					`	_
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						_
	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					1	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		<u> </u>				
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					<u></u>	
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)		<u> </u>	<u> </u>	<u> </u>	<u> </u>	
	on B. Total Support		1		1,0000		
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6		<u> </u>				
10a	Gross income from interest, dividends, payments received on securities loans, rents,				•		
	royalties and income from similar sources .						
h	Unrelated business taxable income (less						
D	section 511 taxes) from businesses		ļ				
	acquired after June 30, 1975		1				
С	Add lines 10a and 10b		<u> </u>				
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		<u> </u>				
	loss from the sale of capital assets						
	(Explain in Part VI.)		ŀ				
13	Total support. (Add lines 9, 10c, 11,			<u> </u>			
	and 12.)						
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentag	je				<u> </u>
15	Public support percentage for 2014 (line 8	3, column (f) d	livided by line 1	13, column (f))		15	%
16	Public support percentage from 2013 Sch			<u> </u>	<u></u>	16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2014 (%
18	Investment income percentage from 2013						<u>%</u>
19a	331/3% support tests—2014. If the organ						·
	17 is not more than 331/3%, check this box	_				•	
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this		_				
20	Private foundation If the organization di	a not check a	nov on line 14	iya or 10h	cneck this bov	and see instri	ictions 🕨 🗀

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of 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 E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art v	<u>.) </u>	
Secti	on A. All Supporting Organizations			r
			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	1		
	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).			
٥-		2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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		
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		L.,
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		<u> </u>
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		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.			
-		6	ļ	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	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).	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	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
40	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<u> </u>
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	.00		

determine whether the organization had excess business holdings.)

10b

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
Secti	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 regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		<u> </u>	<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		<u> </u>	Щ
<u> </u>	on birm type in cappering enganizations		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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations		<u> </u>	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	instru	ction	s):
a b c	☐ The organization satisfied the Activities Test Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s			·
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 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 of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	-	
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org							
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-	j tru mple	st on Nov. 20, 1970. See ete Sections A through E					
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						
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) 7 Other expenses (see instructions)	6						
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 Mınımum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6						
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-ın	itegrated Type III support	ing organization (see				

Part		3) Supporting Organi	zations (continued)	<u> </u>
Secti	on D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	nizations		
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<u> </u>		
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 which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014.			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			***
E	Remaining underdistributions for years prior to 2014, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
-				<u> </u>
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3		-	
•	and 4c			
	Breakdown of line 7:			
_ 8	DICANDOWN OF HITE 1.			
a h			. <u>-</u>	
<u> </u>				
c	Excess from 2013			
e	Excess from 2014			

Page 8	B
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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. 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.

SCHEDULE D (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

Department of the Treasury Internal Revenue Service

Name o	f the organization		Employer identification number
Nucle	ar Threat Initiative Inc		52-2289435
Par			ds or Accounts.
	Complete if the organization answered "		1 676 11 4 11
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		•
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		<u></u>
5	Did the organization inform all donors and donor funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the benef	nd donor advisors in writing that gran	nt funds can be used
		<u></u>	· · · · · · 🔲 Yes 🗌 No
Par	Conservation Easements.		
	Complete if the organization answered "	Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the	organization (check all that apply).	
	Preservation of land for public use (e.g., recreat	ion or education) 🔲 Preservation of	a historically important land area
	☐ Protection of natural habitat	☐ Preservation of	a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2 a
b	Total acreage restricted by conservation easements	s	2b /
C	Number of conservation easements on a certified h	istoric structure included in (a)	2c
d	Number of conservation easements included in ((c) acquired after 8/17/06, and not	on a
	historic structure listed in the National Register .		· · 2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or tern	ninated by the organization during the
	tax year ►		
4	Number of states where property subject to conser		
5	Does the organization have a written policy reg		-
	violations, and enforcement of the conservation eas		· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation	easements during the year
_	<u></u>		
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation ease	ments during the year
	\$	0())	
8	Does each conservation easement reported on line		<u> </u>
_			
9	In Part XIII, describe how the organization reports of		•
	balance sheet, and include, if applicable, the text of	~	ancial statements that describes the
Dow	organization's accounting for conservation easeme		Other Charles Assets
Part			Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFA	, , , , , , , , , , , , , , , , , , , ,	
	works of art, historical treasures, or other similar public service, provide, in Part XIII, the text of the fo	· · · · · · · · · · · · · · · · · · ·	
b	If the organization elected, as permitted under Si		
	works of art, historical treasures, or other similar public service, provide the following amounts relatii		lucation, or research in turtherance of
	•	· ·	.
	(i) Revenue included in Form 990, Part VIII, line 1		• \$
•	(ii) Assets included in Form 990, Part X	heat and all the accounts are attracted.	> \$
2	If the organization received or held works of art, following amounts required to be reported under SI		
_	following amounts required to be reported under SI		
a	Revenue included in Form 990, Part VIII, line 1		• \$
<u> </u>	Assets included in Form 990, Part X	<u> </u>	<u> ▶ \$</u>

Dage	•

['] Part	III Organizations Maintaining (Collections of A	rt, Hist	orical T	reasures,	or Ot	her Similar A	ssets (d	:ontir	nued)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and oth	ner recor	ds, chec	k any of th	e follow	ving that are a	significa	nt use	e of its
а	☐ Public exhibition		d [Loan	or exchang	e progr	rams			
b	☐ Scholarly research		е [Other						
С	☐ Preservation for future generations									
4	Provide a description of the organization XIII.								pose i	in Part
5	During the year, did the organization sassets to be sold to raise funds rather t	than to be maintai	donations ned as p	of art, art of the	historical tr e organizati	easures on's co	s, or other sim llection?	_	Yes	□ No
Part	IV Escrow and Custodial Arrar			000 0	- + N/ P	0			- Fa.	
	Complete if the organization a 990, Part X, line 21.	answered "Yes"	to Form	1 990, P	art IV, line	9, or r	eported an a	mount o	II FOI	113
	Is the organization an agent, trustee,	custodian or othe	er interm	ediary fo	or contribut	ions or	other assets	not		
	included on Form 990, Part X?							_	Yes [□ No
b	If "Yes," explain the arrangement in Par	rt XIII and comple	te the fol	lowing ta	able.					<u></u>
								Amount		
C	Beginning balance					1c				
d	Additions during the year					1d	 			
е	Distributions during the year					1e				
f	Ending balance					<u> 1f</u>		±. <u> </u>	/	
2a	Did the organization include an amount									
Par	If "Yes," explain the arrangement in Part Endowment Funds.	rt XIII. Check here	i i the ex	pianatioi	n nas been	provide	o in Part Alli	<u> </u>	·	Ш
r ar	Complete if the organization a	answered "Yes"	to Form	990 P	art IV line	10				
	Complete if the organization ((a) Current year	(b) Prio		(c) Two year		(d) Three years ba	ick (e) Fo	our year	s back
1a	Beginning of year balance						<u></u>			
b	Contributions					İ				
c	Net investment earnings, gains, and		•							
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs				`					
f	Administrative expenses	·								
g	End of year balance					1				
2	Provide the estimated percentage of the			e (line 1g	ı, column (a)) held a	as:			
a	Board designated or quasi-endowment		-%							
þ	Permanent endowment	<u></u> %								
С	Temporarily restricted endowment ▶	%	00/							
20	The percentages in lines 2a, 2b, and 2c Are there endowment funds not in the			ation the	at are held	and ad	ministered for	the		
Ja	organization by:	possession or the	e organiz	ation the	at are note	una ua	illinistered to		Yes	s No
	(i) unrelated organizations							. 3a(1
	(ii) related organizations							3a(i	_	+
b	If "Yes" to 3a(ii), are the related organiz			n Sched	ule R? .			3b	_	
4	Describe in Part XIII the intended uses									
Par	VI Land, Buildings, and Equip	ment.					_			
	Complete if the organization	answered "Yes"	to Forn	n 990, F	Part IV, line	11a. S	See Form 990), Part X	, line	10
	Description of property	(a) Cost or oth (investme		• •	or other basis other)		Accumulated epreciation	(d) B	look val	lue
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		291,357		285,205			6,152
d	Equipment		0		738,259	<u> </u>	716,745			21,514
e	Other		0		0		0			0
Total.	Add lines 1a through 1e. (Column (d) m	iust equal Form 99	30, Part λ	t, columi	າ (<i>ʁ), line</i> 10	JC.)	🕨			27,666

(a) Description of security or Cast altegory (pollular) name of security) (1) Financial derivatives	Pait VII	Complete if the organization answ		n 990. Part	IV. line 11	b. See Form	990. Part X, line 12.
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (3) Other (A) (3) Other (A) (4) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		(a) Description of security or category				(c) Met	hod of valuation
	(1) Financial		-				
(3) Other (A) (B) (B) (C)							
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		• •					
	(A)						
C C C C C C C C							
Discription Discription							
Fig.					- -		
Fig.		-					· · · · · · · · · · · · · · · · · · ·
(G) (H) Total, (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments — Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (c) (b) Book value (c) Method of valuation Cost or end-of-year market value (c) (c) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c							
(1)		•					
Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year mericet value							
Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year mericet value	Total. (Column (b) must equal Form 990. Part X. col. (B) line 12.)					
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value			l.		<u> </u>		
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (d) Cost or end-of-year market value (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f				n 990, Part	IV, line 11	c. See Form	990, Part X, line 13.
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Pension Liabilities 38,033 (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9)						(c) Met	thod of valuation
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(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Pension Liabilities 38,033 (3) (4) (5) (6) (6) (7) (8) (9)	(5)						
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	(8)						
Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.							
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (f) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10					L		
(a) Description (b) Book value (c) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	Part IX			- 000 D+	0.7 1 4.4		000 D-4V E 45
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Pension Liabilities 38,033 (3) (4) (5) (6) (7) (8) (9)				n 990, Part	IV, line 11	a. See Form	
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(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)							
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)							
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Pension Liabilities 38,033 (3) (4) (5) (6) (7) (8) (9)							
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Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Pension Liabilities 38,033 (3) (4) (5) (6) (7) (8) (9)			(-,				
1. (a) Description of liability (b) Book value (1) Federal income taxes 0 (2) Pension Liabilities 38,033 (3) (4) (5) (6) (7) (8) (9) (9)		Complete if the organization answ	wered "Yes" to Forr	n 990, Part	IV, line 11	e or 11f. See	Form 990, Part X,
(1) Federal income taxes (2) Pension Liabilities (3) (3) (4) (5) (6) (7) (8) (9)	1.		(b) Book value			· · · · · · · · · · · · · · · · · · ·	
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(3) (4) (5) (6) (7) (8) (9)			3	8 033			
(4) (5) (6) (7) (8) (9)		Liabilities		5,033			
(5) (6) (7) (8) (9)			<u> </u>				
(6) (7) (8) (9)							
(7) (8) (9)							
(8) (9)							
(9)				-			
		(b) must equal Form 990, Part X, col. (B) line 25)	3	8,033			

['] Pari	• • • • • • • • • • • • • • • • • • •		-	Retur	n.
	Complete if the organization answered "Yes" to Form 990, F	_	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	15,790,474
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	۱.	ا ممم		
a	Net unrealized gains (losses) on investments	2a 2b	1,914		
b	Donated services and use of facilities	-	27,732		
۳ C	Recoveries of prior year grants	2c 2d	0		
d e	Other (Describe in Part XIII.)		1 0	2e	29,646
3	Subtract line 2e from line 1			3	15,760,828
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i .			13,700,828
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	o		
b	Other (Describe in Part XIII)	4b	0		
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	15,760,828
Part				r Ret	
	Complete if the organization answered "Yes" to Form 990, F				
1	Total expenses and losses per audited financial statements		·	1	13,912,526
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				· ·
а	Donated services and use of facilities	2a	27,732		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
е	Add lines 2a through 2d			2e	27,732
3	Subtract line 2e from line 1			3	13,884,794
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
С	Add lines 4a and 4b			4c	0
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	<u></u>	5	13,884,794
	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and				
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	-	· ·		
	ule D, Part X, Line 2 - Schedule D, Part X, Line 1- FIN 48 footnote: NTI adopted				
	addresses the determination of whether tax benefits claimed or expected to b				
	ial statements. Under this guidance, NTI may recognize the tax benefit from an				
	te tax position will be sustained on examination by taxing authorities, based on				
	nized in the financial statements from such a position are measured based on		~		
	ood of being realized upon ultimate settlement. The guidance on accounting for cognition, classification, interest and penalties on Income taxes, and accounting				
	ons and concluded that NTI had taken no uncertain tax positions nor are there				
	ment to the accompanying financial statements to comply with the provisions				
	ome tax examinations by the U.S. federal, state or local tax authorities for year			110 1411	13 110 longer subject
Scheo	ule D, Part XI, Line 2d - Realized loss on investments				

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. ▶ Attach to Form 990.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Employer identification number

Name of the organization **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. 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 grants or assistance? ✓ 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.) 3 (b) Number of (d) Activities conducted in (e) If activity listed in (d) is (a) Region (c) Number of (f) Total region (by type) (e g , fundraising, program services, investments, a program service, describe specific type of service(s) in region expenditures for offices in the émployees, region agents, and and investments independent in region grants to recipients located in the region) contractors in region (1) Central America and the Caribb 0 0 Grantmaking Leadership Network Grant 98,069 (2) East Asia and the Pacific 0 0 Grantmaking Leadership Network grants 250,000 (3) Europe (including Iceland and (0 0 Grantmaking **Grants for Prjectect partner** 655,000 (4) Middle East and North Africa O 0 Grantmaking Grants to MECIDS, MESIS a 367,660 (5) South Asia O 0 **Grants to Project Partners** Grantmaking 320,500 (6) South Asia 0 0 Program Services Conferences and meetings 1,867 (7) South America 0 0 Program Services Conferences supporting ou 188,718 (8) Russia and the newly independ 0 0 Program Services Legacy costs to close down 89,458 (9) Middle East and North Africa 0 0 **Program Services** Consulting, Travel and conf 83,867 (10) Europe (including Iceland and 0 Consulting, Travel and Con-0 0 **Program Services** 583,455 (11) East Asia and the Pacific 0 0 Program Services Consultants, Travel and cor 210,801 (12)(13)(14)(15) (16)(17)За Sub-total . . . Total from continuation sheets to Part I .

0

c Totals (add lines 3a and 3b)

2,849,395

Pagé 2

Schedule F (Form 990) 2014

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) IBS code		(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
organization	section and EIN (if applicable)	(c) region	grant	cash grant	cash disbursement	non-cash assistance	of non-cash assistance	(book, FMV, appraisal, other)
		Central America and Leadersh	Leadership Network -	v 690,86	98,069 wire transfer	0		
		East Asia and the Pa Leadersh	Leadership Network -	73,896 v	73,896 wire transfer	0		
		East Asia and the PaLeadersh	Leadership Network -	176,104	176,104 Wire Transfer	0		į
		Europe (including lo	Europe (including Ic Cyber security related	50,000	50,000 Wire transfer	0		
		Europe (including lo	Europe (including Ic Project Partner- Outre	50,000	50,000 Wire Transfer	0		
		Europe (including Ic Leadership Network	Leadership Network -	250,000	250,000 Wire Transfer	0		
		Europe (including IC Leadership Network	Leadership Network -	250,000	250,000 Wire Transfer	0		
		Europe (including Ic General	General support - Outi	40,000	40,000 Wire Transfer	0		
		Europe (including Ic General		15,000	15,000 Wire Transfer	0		
		Middle East and Non Support	Support for fundraisin	30,000	30.000 Wire Transfer	0		
		Middle East and Nor Secretari		108,160	108,160 Wire Transfer	0		
		Middle East and Nor General	General Support	51,750	51,750 Wire Transfer	0		
		Middle East and Nor		20,000	50,000 Wire Transfer	0		
		Middle East and Nor Training	Training	26,500	26,500 Wire Transfer	0		
		Middle East and Nor Country	Country Coordinators	81,000	81,000 Wire Transfer	0		
		Sch F. Stmt 1			-			

Enter total number of 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

3 Enter total number of other organizations or entities . . .

N

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

Part III 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.

רמולווי כמון ספ מקטוני	3500	500000000000000000000000000000000000000		(a) Manner of	(A Amount of		(h) Method of
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	cash	non-cash assistance	(g) Description of non-cash assistance	valuation (book, FMV, appraisal, other)
(E)							
(2)				•			
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
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(12)							
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(14)							
(15)		-					
(16)							
(17)							
(18)				ļ			
						Sch	Schedule F (Form 990) 2014

D	~~	 4

art	V Fore	eign Forms		
1	the organiz	rganization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," zation may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign (see Instructions for Form 926)	☐ Yes	☑ No
2	may be re Receipt of	ganization have an interest in a foreign trust during the tax year? If "Yes," the organization equired to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a er (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	☐ Yes	☑ No
3	the organiz	ganization have an ownership interest in a foreign corporation during the tax year? If "Yes," zation may be required to file Form 5471, Information Return of U.S. Persons With Respect to reign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	qualified e	organization a direct or indirect shareholder of a passive foreign investment company or a lecting fund during the tax year? If "Yes," the organization may be required to file Form 8621, in Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Instructions for Form 8621).	☐ Yes	☑ No
5	the organi	ganization have an ownership interest in a foreign partnership during the tax year? If "Yes," zation may be required to file Form 8865, Return of U.S. Persons With Respect to Certain artnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	"Yes," the	ganization have any operations in or related to any boycotting countries during the tax year? If organization may be required to file Form 5713, International Boycott Report (see Instructions 713; do not file with Form 990)	Yes	☑ 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 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, 2014, NTI did not make any conditional grants.

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

OMB No 1545-0047	2014	Onen to Public

Employer identification number

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, ° □ (h) Purpose of grant or assistance 12 ✓ 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 (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance 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 (e) 1 (a) Name and address of organization **Nuclear Threat Initiative Inc** (1) Sch I, Stmt 1 Part II 8 ල € 3 9 (7) 8 9 9 12

Schedule 1 (Form 990) (2014)

Cat No 50055P

Part

	rait in car de duplicated il additional space is needed.	Space is liceded	•			
	(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						
Part IV	Supplemental Information. Provide the information required in Part II line 2. Part III. column (b), and any other additional information.	the information r	equired in Part I. lir	e 2. Part III. column	(b) and any other addition	onal information.

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 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, 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 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 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 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 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. 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 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 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 disbursed.

disbursed.

Schedule I (Form 990) (2014)

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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 2014

Open to Public Inspection

Name of the organization **Nuclear Threat Initiative Inc** **Employer identification number**

52-2289435

Part	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 in 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)			
				1 :
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			
	explain	1b	✓	ļ
2	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			
	1a ²	2	✓	
3	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			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	✓ Form 990 of other organizations ✓ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		1
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	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.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.			
а	The organization?	5a		1
b	Any related organization?	5b		1
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		✓
b	Any related organization?	6b		1
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		1
8	Were any amounts reported in 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			
	in Part III	8	<u></u>	1
9	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 in Schedule J, report compensation from the organization on row (i) 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.

(A) Name and Title								
(A) Name and Title		(b) Dieakdowii oi W-2	V-2 allo/ol 039- vii 50		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(B)(I)+(D)	in column (B) reported as deferred in prior
		-		compensation	:	,		Form 990
Sam Nunn, Co-Chairman and	€	357,000	0	0	000'9Z	0	383,000	
1 CEO	Ξ	0		0	0	0	0	
Desmond Brown, Member of the	⊢	217,523	0	0	9'824	28,429	255,806	0
2 Board of Directors	E	0		0	0	0	0	0
Joan Rohlfing, President and	Ξ	341,794	0	0	26,000	22,973	390,767	
3 000	Ê	0	0	0	0	0	0	0
Deborah Rosenblum, Vice	(E)	286,171	0	0	000'9Z	19,124	331,295	
President	E	0	0	0	0	0	0	0
Corey Hinderstein, Vice	€	206,427	0	0	110'12	12,367	239,805	
5 President	E	0		0	0	0	0	0
Page Stoutland, Vice President	(E)	230,432	0	0	23,409	23,989	277,830	
9	E	0		0	0	0	0	0
Carmen McDougall, Vice	ε	225,611	0	0	24,021	26,160	275,792	
7 President	≘	0		0	0	0	0	0
Christopher Carr, CFO and	ε	179,192	0	0	666'L	30,313	216,904	
Treasurer 8	E	0	0	0	0	0		0
Andrew Bieniawski, Vice	ε	106,955	0	0	885'6	2,212	118,750	
9 President	€	0		0	0	0	0	0
Robert F Berls, Senior Advisor	ε	205,420	0	0	21,064	27,145	253,629	
on Russia and Eurasia	E	0		0	0	0	0	0
Catherine Gwin, Senior Director	ε	158,862	0	0	17,122	23,266	199,250	
of Communications	≘	0	0	0	0	0	0	0
Margaret Hall, Senior Director of	(3)	132,839	0	0	13,678	25,129	171,646	0
Public Education and Outreach	Ξ	0	0	0	0	0	0	
Diane Hauslein, Director of	(1)	166,797	0	0	17,314	24,170	208,281	
13 Administration	Ξ	0		0	0	0		0
Valeria MacPhail, Director,	Θ	149,102	0	0	15,347	28,336	192,785	
Officer of the Hon Sam Nunn	<u> </u>	0		0	0	0		
	(i)							
15	Ξ							
	E							
16	≘							

Schedule J (Form 990) 2014

Schedule J (Form 990) 2014

Page 3

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.

(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 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 of the Initiative to government officials and leaders In their communities."

NTI's CEO and Officers. The organization consulted studies based on calendar 2013 data. NTI used the study results to set compensation levels during 2014. In addition, the CEO has NTI's bylaws. Minutes of the Compensation Committee are maintained with NTI's corporate files at the office of NTI's Corporate Secretary. 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 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. 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 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 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 2014, the

SCHEDULE L

(9) (10)

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No_1545-0047

Department of the Treasury

► 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.

► Attach to Form 990 or Form 990-EZ.

	the organization	nformation about	t Schedule L (For	m 990 o	r 990-EZ	and its instr	ruction		s <i>.gov/fort</i> aployer ide			nspeci mber	tion	
	•							"	ipioyei iu		22894			
Part	ar Threat Initiative Inc		ns (section 501	(0)(3)	soction	501(0)(4) a	nd 50)1(c)(29) orga	nızation			35		
Part	Complete if the	nt Transaction ne organization	answered "Ye	s" on F	Form 99	0, Part IV, I	ine 25	5a or 25b, or	Form 99	30-EZ,	Part	V, line	40b.	
			(b) Relationship be	etween d	Isqualified	person and		(a) B					(d) Con	rected?
1	(a) Name of disqualified	person		organıza	ition			(c) Descri	ption of tra	insactio	л		Yes	No
(1)					-									
(2)														
(3)														Ĺ
(4)														<u> </u>
(5)														
<u>(6)</u>							<u> </u>							
2	Enter the amount		d by the organ							the ye	ar			
	under section 4958										▶ \$	·		
3	Enter the amount o	of tax, if any, or	ı line 2, above,	reimbi	ursed by	the organi	izatio	n			► \$	ì		
Part			rested Person answered "Ye		-orm 00	0 E7 Bort 1	\/ line	200 or Form	- 000 B	o+ 1\/	lina 2	e ori	if tha	
			ount on Form 9					3 36a Or FUIII	11 990, F	art IV,	iiiie Z	.O, OI I	i lite	
	- Organization i	T	T	1		T	-"	T					Τ	
(a) Na	me of interested person	(b) Relationship	1 ' '	of (d) Loan to or from the		(e) Original principal amount	(f) Balance due	ue (g) In	default?					
		with organization	loan		m the lization?	principal arr	nount	ount		by board or committee?			agreei	nentr
				То	From	-]	Yes	No	Yes	No	Yes	No
(1)			 	"	110111				163	140	103	1.40	1.03	"
(2)					 					1	\vdash	\vdash		
(3)					†									
(4)				<u> </u>						1				
(5)					1									
(6)														
(7)														
(8)														
(9)														
(10)											$oxed{oxed}$			l
Total			<u></u>				<u>. ▶</u>	\$						
Part			efiting Interest					_						
	Complete if th	ne organization	answered "Ye	s" on H	-orm 99	U, Part IV, I	ine 2	<u>′. </u>		1				
(a) l	Name of interested persoi		nship between inter		(c) Amount	t of assistance		(d) Type of assis	tance	(e) Purpo	ose of a	ssistan	се
		person	and the organization	on						 				
(1)										╅				
(2)										+				
(3)										+				
(4)										+	—			
(5) (6) (7)		-					1			+				
(0)							1			+				
(8)				 -						+				
(0)							↓							

Part	Business Transactions Involving Complete if the organization and	ng Interested Persons. swered "Yes" on Form 990), Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organia	anng of zation's nues?
			40.000	C	Yes	No
	R E Turner	Chair, Father in law to Sed		Legal Services		1
	J Rutherford Seydel	Secretary and Son in law t	46,986	Legal Fees		-
(3)						
(5)	· · · · · · · · · · · · · · · · · · ·					
(6)					-	
(7)						
(8)						
(9)						
(10) Part	Supplemental Information Provide additional information for	or responses to questions	on Schedule I. (see	instructions)		
	- Tovide additional mormation is					
		·				

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2014

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990.

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

Name of the organization

Employer identification number

Nuclear Threat Initiative Inc 52-2289435 **Types of Property** Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art-Works of art 2 Art-Historical treasures . . . 3 Art-Fractional interests . . Books and publications . . . 4 5 Clothing and household goods Cars and other vehicles . . . 6 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded . . 11,665,685 fmv 10 Securities—Closely held stock . 11 Securities—Partnership, LLC. or trust interests 12 Securities - Miscellaneous . . 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution—Other . . . 15 Real estate - Residential . . 16 Real estate-Commercial . . 17 Real estate-Other 18 Collectibles . 19 Food inventory . 4,857 fmv 20 Drugs and medical supplies. 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens Archeological artifacts . . . 24 25 Other ► (26 Other ► (_____) 27 Other ► (_____) 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a **b** If "Yes." describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked.

Page 2 and whether as received,

SCHEDULE 0 (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.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization	Employer identification number						
Nuclear Threat Initiative Inc	52-2289435						
rm 990, Part VI, Section A, Line 2 - RE Turner is the father in law of the Corporate Secretary, J Rutherford Seydel II							
Form 990, Part VI, Section B, Line 11b - Form 990, Part VI, Section B, Line 11 b - 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 Avalon Final	ncial Advisors, LLC and its outside						
law firm, Davis, Pickren, Seydel and Sneed, LLP. Next, the CFO reviews the Form 990 with management							
and the President. NTI's Board of Directors has delegated its review of the Form 990 to the members of	f the Executive Committee.						
However, the final Form 990 is required to be sent to all members of the Board for informational purpo	ses prior to being filed.						
Form 990, Part VI, Section B, Line 12c - Form 990, Part VI, Section B, Line 12c - NTI"s bylaws require the							
Interest Policy, as adopted by the Board, be furnished to each Director, Officer and operational staff m							
NTI. NTI's policy states that a conflict of interest exists: When an officer or member of the staff takes p							
that she/he may be unable to remain impartial in choosing between the interests of the Nuclear Threat							
interests or the personal interest of his/her related parties or the interests of his/her reportable affiliate							
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							
relationship to NTI, receives a benefit that represents a transfer of NTI's financial resources that is not							
NTI's tax-exempt purposes. Related parties are defined as spouses, parents, children, siblings, in-law							
an officer or member of the staff's household. Reportable affiliate means an institution, corporation or							
officer or member of the staff or a related party (who to the knowledge of the officer or staff member)							
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							
members, officers and staff member are required to disclose to NTI any related party and any reportat							
otherwise be considered by NTI for a grant award or financial transaction. The information provided is							
as appropriate. NTI requests annual updates from its Board members and staff through reissuance of							
form for them to complete.	the poney together with a standard						
Tom Tot didn't & Complete							
Form 990, Part VI, Section B, Line 15 - Form 990, Part VI, Section B, Line 15 Annually the CEO prese	ents a memorandum to NTI's						
Compensation Committee, in which he recommends compensation levels for NTI's CEO and Officers.							
consulted studies based on calendar 2013 data. NTI used the study results to set compensation levels							
Committee presents its recommendations to the Board of Directors in executive session. The recomm							
levels for the CEO, the President and all Officers. Officer salaries are approved by majority vote of NT							
NTI's bylaws. Minutes of the Compensation Committee are maintained with NTI's corporate files at the	· ·						
In addition, the CEO has historically taken into account the importance of retaining a uniquely qualifie	d team at NTI, and in certain						
circumstances has made a case for small merit increases. In 2014, 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 n	nay not include current or former						
Directors who are also salaried senior executives of NTI. The Compensation Committee presents its r	ecommendations to the Board of						
Directors in executive session. The recommendations include specific salary levels for the CEO, the F	resident and all Officers. Officer						
salaries are approved by majority vote of NTI's Board of Directors, as directed by NTI's bylaws. Minute	es 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							
conflict of interest policy and financial statements are available to the public upon request, and provide	des a link to contact Information.						
http://www.ntl.org/about/faqs/							