

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2013

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

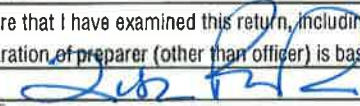

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES		D Employer identification number 52-1501082
	Doing Business As CSIS		E Telephone number 202-887-0200
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1616 RHODE ISLAND AVENUE, NW		G Gross receipts \$ 43,529,802.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: JOHN J. HAMRE SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CSIS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1987
M State of legal domicile: DC			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: A PUBLIC POLICY RESEARCH INSTITUTION DEDICATED TO ANALYSIS AND POLICY IMPACT.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	46
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	43
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	340
	6 Total number of volunteers (estimate if necessary)	6	191
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	19,425.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-13,597.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 31,265,190.	Current Year 32,802,653.
	9 Program service revenue (Part VIII, line 2g)	4,422,450.	7,273,002.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,576,590.	1,196,125.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-103,469.	15,729.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,160,761.	41,287,509.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,819,725.	19,784,223.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	2,136,128.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,154,576.	17,688,697.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,974,301.	37,472,920.
19 Revenue less expenses. Subtract line 18 from line 12	5,186,460.	3,814,589.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 154,140,883.	End of Year 152,752,779.
	21 Total liabilities (Part X, line 26)	67,514,128.	61,185,372.
	22 Net assets or fund balances. Subtract line 21 from line 20	86,626,755.	91,567,407.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 8/14/15			
	LISA POOLE, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name YONG ZHANG, CPA	Preparer's signature 	Date 08/14/15	Check if self-employed <input type="checkbox"/>	PTIN P01249785
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325			
	Firm's address ▶ 1861 INTERNATIONAL DRIVE, SUITE 400 MCLEAN, VA 22102	Phone no. 703-336-6400			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: CSIS IS A BIPARTISAN FOREIGN POLICY THINK TANK PROVIDING STRATEGIC INSIGHTS AND POLICY SOLUTIONS TO DECISION MAKERS IN GOVERNMENT, INTERNATIONAL INSTITUTIONS, PRIVATE SECTOR, AND CIVIL SOCIETY. CSIS CONDUCTS POLICY STUDIES AND STRATEGIC ANALYSIS FOCUSED ON DEFENSE AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,595,782. including grants of \$) (Revenue \$ 1,877,038.) INTERNATIONAL SECURITY PROGRAM: THE CSIS INTERNATIONAL SECURITY PROGRAM (ISP) IS A CONSTANT SOURCE OF RELIABLE ANALYSIS ON THE THREATS AND OPPORTUNITIES SHAPING U.S. SECURITY INTERESTS AT HOME AND ABROAD. BUILDING ON A SOLID FOUNDATION OF POLITICAL-MILITARY ISSUES, ISP IS COMMITTED TO ADDRESSING A GROWING RANGE OF NONMILITARY ASPECTS DEFINING U.S. FOREIGN AND SECURITY POLICY. IN 2013, ISP LAUNCHED ITS GLOBAL SECURITY FORUM (GSF) WITH A KEYNOTE ADDRESS BY CHUCK HAGEL, THEN U.S. SECRETARY OF DEFENSE ON THE EVOLUTION OF LONG-TERM NATIONAL SECURITY CHALLENGES AND THE ROLE OF THE U.S. MILITARY IN CONFRONTING THESE CHALLENGES. THIS ALL-DAY CONFERENCE FEATURED BREAKOUT SESSIONS ON BUILDING NATIONAL SECURITY CONSENSUS, SURVEILLANCE PRACTICES POST-SNOWDEN, SEQUESTRATION EFFECTS ON DEFENSE, U.S.-CHINA ECONOMIC

4b (Code:) (Expenses \$ 2,713,595. including grants of \$) (Revenue \$) GLOBAL HEALTH POLICY CENTER: THE CSIS GLOBAL HEALTH POLICY CENTER (GHPC) CONCENTRATES ON THE INTERSECTION OF SECURITY AND GLOBAL HEALTH, INCLUDING THE LINKS TO U.S. NATIONAL INTEREST, BY WORKING WITH DIVERSE STAKEHOLDERS TO MAKE U.S. GLOBAL HEALTH EFFORTS MORE STRATEGIC, INTEGRATED, AND SUSTAINABLE OVER THE LONG-TERM. IN 2014, GHPC BECAME A HIGHLY ACTIVE, PREMIER VENUE FOR UNDERSTANDING THE SWIFTLY EVOLVING EBOLA CRISIS IN WEST AFRICA. THROUGH A SERIES OF LARGE PUBLIC EVENTS, MANY PRIVATE CLOSED-DOOR CONSULTATIONS, PUBLISHED COMMENTARIES, AND MEDIA APPEARANCES, THE CENTER EXAMINED THE SUDDEN U.S. MILITARY DEPLOYMENT, THE CRASH EMERGENCY RELIEF LED BY THE U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID) AND CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), AND THE ACCELERATED EFFORTS TO BRING FORWARD VACCINES

4c (Code:) (Expenses \$ 2,292,160. including grants of \$) (Revenue \$ 329,694.) JAPAN CHAIR: CSIS' JAPAN CHAIR SEEKS TO DEFINE A STRATEGIC AGENDA FOR THE U.S.-JAPAN RELATIONSHIP BY RAISING CONSCIOUSNESS OF U.S.-JAPAN POLICY ISSUES IN A BILATERAL, REGIONAL, AND GLOBAL CONTEXT. THE JAPAN CHAIR CONDUCTS RANGE OF RESEARCH PROJECTS ON U.S.-JAPAN RELATIONS AND ISSUES AFFECTING THE ASIA-PACIFIC REGION. WITH A FOCUS ON DEVELOPING JOINT STRATEGIES FOR THE U.S.-JAPAN ALLIANCE, THE PROGRAM'S AGENDA INCLUDES AN ANNUAL PUBLIC FORUM ON ASIA-PACIFIC ECONOMIC INTEGRATION IN COLLABORATION WITH THE JAPAN EXTERNAL TRADE ORGANIZATION; A TRILATERAL STRATEGIC DIALOGUE ON U.S.-JAPAN-INDIA RELATIONS; AND THE U.S.-JAPAN STRATEGIC LEADERSHIP PROGRAM, A SEMINAR FOR JAPANESE PARLIAMENTARIANS TO FACILITATE DIALOGUE AND GENERATE STRATEGIC THINKING AS A FOUNDATION FOR U.S.-JAPAN POLICY COORDINATION IN THE LONG TERM. THE PROGRAM HAS

4d Other program services (Describe in Schedule O.) (Expenses \$ 17,190,550. including grants of \$) (Revenue \$ 5,017,423.)

4e Total program service expenses 27,792,087.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section 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 46 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent 43		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
 LISA POOLE - 202-887-0200
 1616 RHODE ISLAND AVENUE, NW, WASHINGTON, DC 20036

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SAM NUNN CHAIRMAN	1.00	X					0.	0.	0.	
(2) LINDA W. HART VICE CHAIRMAN	1.00	X					0.	0.	0.	
(3) KENNETH G. LANGONE VICE CHAIRMAN	1.00	X					0.	0.	0.	
(4) GEORGE L. ARGYROS TRUSTEE	1.00	X					0.	0.	0.	
(5) RICHARD ARMITAGE TRUSTEE	1.00	X					5,500.	0.	0.	
(6) OTHMAN BENJELLOUN TRUSTEE	1.00	X					0.	0.	0.	
(7) WILLIAM E. BROCK TRUSTEE & COUNSELOR	1.00	X					0.	0.	0.	
(8) HAROLD BROWN TRUSTEE & COUNSELOR	1.00	X					0.	0.	0.	
(9) ZBIGNIEW K. BRZEZINSKI TRUSTEE & COUNSELOR	1.00	X					0.	0.	0.	
(10) CARLOS A. BULGHERONI TRUSTEE	1.00	X					0.	0.	0.	
(11) SUE M. COBB TRUSTEE	1.00	X					0.	0.	0.	
(12) WILLIAM S. COHEN TRUSTEE	1.00	X					0.	0.	0.	
(13) LESTER CROWN TRUSTEE	1.00	X					0.	0.	0.	
(14) ANDREAS C. DRACOPOULOS TRUSTEE	1.00	X					0.	0.	0.	
(15) JONATHAN FAIRBANKS TRUSTEE	1.00	X					0.	0.	0.	
(16) HENRIETTA H. FORE TRUSTEE	1.00	X					0.	0.	0.	
(17) WILLIAM H. FRIST TRUSTEE	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL P. GALVIN TRUSTEE	1.00	X						0.	0.	0.
(19) HELENE D. GAYLE TRUSTEE	1.00	X						0.	0.	0.
(20) MAURICE R. GREENBERG TRUSTEE	1.00	X						0.	0.	0.
(21) JOHN HAMMERGREN TRUSTEE	1.00	X						0.	0.	0.
(22) BENJAMIN W. HEINEMAN JR. TRUSTEE AND SENIOR ADVISER	1.00	X						0.	0.	0.
(23) JOHN B. HESS TRUSTEE	1.00	X						0.	0.	0.
(24) CARLA A. HILLS TRUSTEE	1.00	X						0.	0.	0.
(25) RAY L. HUNT TRUSTEE	1.00	X						0.	0.	0.
(26) KAZUO INAMORI TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								5,500.	0.	0.
c Total from continuation sheets to Part VII, Section A								3,703,513.	0.	420,220.
d Total (add lines 1b and 1c)								3,709,013.	0.	420,220.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **51**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
JANET FLEISHMAN 7111 CEDAR AVE, TAKOMA PARK, MD 20912	CONSULTING	159,869.
JOHN CRISTOPHER DANIEL 7006 WINDSOR LANE, HYATTSVILLE, MD 20782	CONSULTING	116,188.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) E. NEVILLE ISDELL TRUSTEE	1.00	X						0.	0.	0.
(28) JAMES L. JONES JR. TRUSTEE	1.00	X						0.	0.	0.
(29) WILLIAM T. KEEVAN TRUSTEE	1.00	X						0.	0.	0.
(30) MUHTAR KENT TRUSTEE	1.00	X						0.	0.	0.
(31) FRED KHOSRAVI TRUSTEE	1.00	X						0.	0.	0.
(32) HENRY A. KISSINGER TRUSTEE & COUNSELOR	1.00	X					30,900.	0.	7,655.	
(33) DONALD B. MARRON TRUSTEE	1.00	X						0.	0.	0.
(34) W. JAMES MCNERNEY JR. TRUSTEE	1.00	X						0.	0.	0.
(35) JOSEPH S. NYE JR. TRUSTEE	1.00	X						0.	0.	0.
(36) THOMAS J. PRITZKER TRUSTEE	1.00	X						0.	0.	0.
(37) FELIX G. ROHATYN TRUSTEE	1.00	X						0.	0.	0.
(38) CHARLES A. SANDERS TRUSTEE	1.00	X						0.	0.	0.
(39) BRENT SCOWCROFT TRUSTEE	1.00	X						0.	0.	0.
(40) REX W. TILLERSON TRUSTEE	1.00	X						0.	0.	0.
(41) ROMESH WADHWANI TRUSTEE	1.00	X						0.	0.	0.
(42) FREDERICK B. WHITEMORE TRUSTEE	1.00	X						0.	0.	0.
(43) HOWARD LEACH TRUSTEE	1.00	X						0.	0.	0.
(44) SEOK-HYUN HONG TRUSTEE	1.00	X						0.	0.	0.
(45) JOHN J. HAMRE PRESIDENT & CEO	40.00	X		X			357,600.	0.	27,500.	
(46) RALPH A. COSSA TRUSTEE & PRESIDENT PACIFIC FORUM	40.00	X		X			157,418.	0.	18,229.	
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) JOHN HEYL SR. VP - DEVELOPMENT	40.00			X				199,224.	0.	24,301.
(48) LISA V POOLE CHIEF FINANCIAL OFFICER	40.00			X				122,370.	0.	18,484.
(49) JOHN MORRISON SR. VP AND DIR.	40.00			X				192,370.	0.	25,980.
(50) DAVID BERTEAU SR. VP AND DIR.	40.00			X				186,324.	0.	29,364.
(51) FRANK VERRASTRO SR. VP	40.00			X				168,210.	0.	25,477.
(52) H. ANDREW SCHWARTZ SR. VP	40.00			X				158,540.	0.	24,499.
(53) STEPHEN FLANAGAN SR. VP	40.00			X				7,150.	0.	353.
(54) MICHAEL J GREEN SR. VP	40.00			X				184,532.	0.	18,827.
(55) CRAIG COHEN EXECUTIVE VP	40.00			X				185,610.	0.	24,822.
(56) ALICE BLEVINS SR. VP- OPERATIONS	40.00			X				155,941.	0.	17,490.
(57) JOHANNA N. TUTTLE SR. VP - STRATEGIC PLANNIN	40.00			X				143,212.	0.	25,140.
(58) KAREN WONG SR. VP - MEMBERSHIP GROUPS	40.00			X				148,292.	0.	18,246.
(59) KATHLEEN HICKS SR VP AND DIR	40.00			X				43,871.	0.	6,173.
(60) JOSIANE GABEL VP	40.00			X				36,853.	0.	4,217.
(61) HEATHER CONELY VP	40.00			X				154,514.	0.	17,131.
(62) JON B. ALTERMAN VP	40.00			X				152,372.	0.	24,913.
(63) TODD SUMMERS SENIOR ADVISER	40.00					X		213,175.	0.	8,510.
(64) MATTHEW GOODMAN SENIOR ADVISER	40.00					X		185,051.	0.	7,884.
(65) CHRISTOPHER JOHNSON SENIOR ADVISER	40.00					X		181,815.	0.	7,884.
(66) ERNEST BOWER IV SENIOR ADVISER	40.00					X		173,727.	0.	19,043.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	1,348,017.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	31,454,636.			
	g Noncash contributions included in lines 1a-1f: \$		1,061,513.			
	h Total. Add lines 1a-1f		32,802,653.			
	Program Service Revenue	2 a OTHER CONTRACT INCOME	Business Code 900099	3,906,427.	3,906,427.	
b CONTRACTS-GOV'T AGENCY		900099	3,310,833.	3,310,833.		
c CONFERENCE		900099	55,742.	55,742.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			7,273,002.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		826,350.		826,350.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		1,739.		1,739.	
	6 a Gross rents	(i) Real	678,626.			
		(ii) Personal				
		b Less: rental expenses	678,626.			
		c Rental income or (loss)	0.			
	d Net rental income or (loss)		0.			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,882,662.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1,466,546.	46,341.		
		c Gain or (loss)	416,116.	-46,341.		
	d Net gain or (loss)		369,775.		369,775.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	1,933.				
	b Less: cost of goods sold	b	50,780.			
	c Net income or (loss) from sales of inventory		-48,847.	-48,847.		
Miscellaneous Revenue		Business Code				
11 a OTHER REVENUE	900099	43,412.		43,412.		
b PARKING	812930	19,425.		19,425.		
c						
d All other revenue						
e Total. Add lines 11a-11d		62,837.				
12 Total revenue. See instructions.		41,287,509.	7,224,155.	19,425.	1,241,276.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,785,303.	1,314,514.	821,521.	649,268.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,562,457.	10,707,143.	2,573,124.	282,190.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,145,333.	824,640.	251,973.	68,720.
9 Other employee benefits	1,192,935.	847,047.	299,202.	46,686.
10 Payroll taxes	1,098,195.	790,700.	241,603.	65,892.
11 Fees for services (non-employees):				
a Management				
b Legal	94,830.	2,000.	92,830.	
c Accounting	212,952.		212,952.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	64,080.		64,080.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,419,738.	3,242,238.	166,999.	10,501.
12 Advertising and promotion	1,092.	1,092.		
13 Office expenses	555,049.	180,143.	348,209.	26,697.
14 Information technology	643,786.	568,102.	23,503.	52,181.
15 Royalties				
16 Occupancy	3,711,732.	2,765,479.	609,010.	337,243.
17 Travel	3,082,750.	3,045,065.		37,685.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,489,552.	1,227,879.	3,845.	257,828.
20 Interest	3,221,464.	2,029,522.	934,225.	257,717.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	606,288.		606,214.	74.
23 Insurance	161,017.		161,017.	
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.)				
a BAD DEBT EXPENSE	169,110.	144,110.		25,000.
b BOOKS & PUBLICATIONS	139,714.	87,907.	45,959.	5,848.
c OTHER EXPENSES	115,543.	14,506.	88,439.	12,598.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	37,472,920.	27,792,087.	7,544,705.	2,136,128.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	9,303,994.	1	6,536,712.
	2 Savings and temporary cash investments	1,888,442.	2	1,931,054.
	3 Pledges and grants receivable, net	10,634,520.	3	9,576,495.
	4 Accounts receivable, net	3,077,084.	4	3,964,964.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	53,204.	8	0.
	9 Prepaid expenses and deferred charges	113,503.	9	164,186.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 105,819,531.		
	b Less: accumulated depreciation	10b 3,159,850.	102,472,337.	10c 102,659,681.
	11 Investments - publicly traded securities	24,176,353.	11	25,578,795.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	2,416,040.	14	2,328,976.
	15 Other assets. See Part IV, line 11	5,406.	15	11,916.
16 Total assets. Add lines 1 through 15 (must equal line 34)	154,140,883.	16	152,752,779.	
Liabilities	17 Accounts payable and accrued expenses	10,086,433.	17	2,812,605.
	18 Grants payable		18	
	19 Deferred revenue	3,415,780.	19	2,941,521.
	20 Tax-exempt bond liabilities	44,057,225.	20	44,084,533.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	9,494,348.	23	11,174,998.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	460,342.	25	171,715.
	26 Total liabilities. Add lines 17 through 25	67,514,128.	26	61,185,372.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	48,245,219.	27	52,280,708.
	28 Temporarily restricted net assets	30,148,331.	28	27,553,494.
	29 Permanently restricted net assets	8,233,205.	29	11,733,205.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	86,626,755.	33	91,567,407.	
34 Total liabilities and net assets/fund balances	154,140,883.	34	152,752,779.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,287,509.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,472,920.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,814,589.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86,626,755.
5	Net unrealized gains (losses) on investments	5	1,126,063.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	91,567,407.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Name of the organization CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES	Employer identification number 52-1501082
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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 A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,920,185.	48,135,945.	33,677,029.	31,265,190.	32,802,653.	176,801,002.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	30,920,185.	48,135,945.	33,677,029.	31,265,190.	32,802,653.	176,801,002.
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)						14,488,404.
6 Public support. Subtract line 5 from line 4.						162,312,598.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	30,920,185.	48,135,945.	33,677,029.	31,265,190.	32,802,653.	176,801,002.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	830,457.	1,605,421.	850,011.	862,279.	1,506,715.	5,654,883.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	55,766.	49,998.	8,448.	59,820.	43,412.	217,444.
11 Total support. Add lines 7 through 10						182,673,329.
12 Gross receipts from related activities, etc. (see instructions)					12	34,728,222.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	88.85 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	88.58 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **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, EXPLANATION FOR OTHER INCOME:

OTHER INCOME FROM EXEMPT ACTIVITIES

2009 AMOUNT: \$ 55,766.

2010 AMOUNT: \$ 49,998.

2011 AMOUNT: \$ 8,448.

2012 AMOUNT: \$ 59,820.

2013 AMOUNT: \$ 43,412.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

CENTER FOR STRATEGIC AND INTERNATIONAL
STUDIES

Employer identification number

52-1501082

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES	Employer identification number 52-1501082
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 892,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES	Employer identification number 52-1501082
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES	Employer identification number 52-1501082
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2013

Open to Public Inspection

Name of the organization CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES

Employer identification number
52-1501082

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II 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., recreation or education) Preservation of an 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 held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic 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, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,233,205.	8,233,205.	7,733,205.	7,983,205.	7,733,205.
b Contributions	3,875,735.		500,000.	250,000.	250,000.
c Net investment earnings, gains, and losses	689,680.				
d Grants or scholarships					
e Other expenditures for facilities and programs	332,421.			500,000.	
f Administrative expenses					
g End of year balance	12,466,199.	8,233,205.	8,233,205.	7,733,205.	7,983,205.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 5.88 %
- b Permanent endowment 94.12 %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,117,228.		33,117,228.
b Buildings		67,696,064.	1,692,402.	66,003,662.
c Leasehold improvements				
d Equipment		3,247,102.	1,280,223.	1,966,879.
e Other		1,759,137.	187,225.	1,571,912.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				102,659,681.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" 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	
(2) FMV BOND INTEREST SWAP	171,715.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	171,715.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	43,078,898.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,126,063.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	729,406.
e	Add lines 2a through 2d	2e	1,855,469.
3	Subtract line 2e from line 1	3	41,223,429.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	64,080.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	64,080.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	41,287,509.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	38,138,246.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	729,406.
e	Add lines 2a through 2d	2e	729,406.
3	Subtract line 2e from line 1	3	37,408,840.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	64,080.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	64,080.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	37,472,920.

Part XIII Supplemental Information.

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

PART V, LINE 4:

EXPLANATION: CSIS INVESTS ALL ENDOWMENT FUNDS IN A POOLED FUND MANAGED BY

AN INVESTMENT MANAGER ACCORDING TO THE OBJECTIVES AND GUIDELINES OF THE

CSIS'S STATEMENT OF INVESTMENT POLICY. THE FINANCE AND AUDIT COMMITTEE IS

SPECIFICALLY CHARGED WITH CONDUCTING SEMI-ANNUAL REVIEWS OF THE

PERFORMANCE AND MIX OF THE INVESTMENTS THAT MAKE UP THE CSIS ENDOWMENT

FUND PORTFOLIO. ANNUALLY, CSIS SPENDS APPROXIMATELY 4.5% OF THE THREE

YEAR ROLLING AVERAGE OF THE ENDOWMENT FUND BALANCE.

PART X, LINE 2:

EXPLANATION: CSIS IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES

UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN

Part XIII Supplemental Information (continued)

ADDITION, CSIS QUALIFIES FOR CHARITABLE CONTRIBUTION DEDUCTIONS AND HAS

BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS,

IS SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES. CSIS HAD NO NET

UNRELATED BUSINESS INCOME FOR THE YEAR ENDED SEPTEMBER 30, 2014.

MANAGEMENT HAS EVALUATED CSIS'S TAX POSITIONS AND HAS CONCLUDED THAT CSIS

HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE DISCLOSURE. GENERALLY,

CSIS IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL,

STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2011.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE REPORTED ON PART VIII LINE 6B 678,626.

COST GOODS SOLD REPORTED ON PART VIII LINE 8B 50,780.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 729,406.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE REPORTED ON PART VIII LINE 6B 678,626.

COST GOODS SOLD REPORTED ON PART VIII LINE 8B 50,780.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 729,406.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES	Employer identification number 52-1501082
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENT		3,392,191.
EAST ASIA AND THE PACIFIC			PROGRAM SERVICES	AS AN INTERNATIONAL POLICY INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY;	1,052,382.
EUROPE (INCLUDING ICELAND & GREENLAND)			PROGRAM SERVICES	AS AN INTERNATIONAL POLICY INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY;	112,425.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	AS AN INTERNATIONAL POLICY INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY;	30,895.
NORTH AMERICA			PROGRAM SERVICES	AS AN INTERNATIONAL POLICY INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY;	35,612.
RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	AS AN INTERNATIONAL POLICY INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY;	97,818.
SOUTH AMERICA			PROGRAM SERVICES	AS AN INTERNATIONAL POLICY INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY;	4,601.
SOUTH ASIA			PROGRAM SERVICES	AS AN INTERNATIONAL POLICY INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY;	19,981.
3 a Sub-total	0	0			4,745,905.
b Total from continuation sheets to Part I	0	0			476,258.
c Totals (add lines 3a and 3b)	0	0			5,222,163.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Part II **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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 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 ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* 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.

PART I, LINE 3:

EXPLANATION: CSIS USES GAAP TO REPORT EXPENDITURES IN A FOREIGN REGION.

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: AS AN INTERNATIONAL POLICY

INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY; REGIONAL STABILITY;

AND GLOBAL CHALLENGES RANGING FROM ENERGY AND CLIMATE TO GLOBAL

DEVELOPMENT AND ECONOMIC INTEGRATION, CSIS' PROGRAM SERVICES IN THE

REGION RELATE TO IN REGION TRAVEL AND ACCOMMODATIONS FOR ATTENDANCE AND

HOSTING OF IN REGION CONFERENCES, EVENTS AND MEETINGS.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: AS AN INTERNATIONAL POLICY

INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY; REGIONAL STABILITY;

AND GLOBAL CHALLENGES RANGING FROM ENERGY AND CLIMATE TO GLOBAL

DEVELOPMENT AND ECONOMIC INTEGRATION, CSIS' PROGRAM SERVICES IN THE

REGION RELATE TO IN REGION TRAVEL AND ACCOMMODATIONS FOR ATTENDANCE AND

HOSTING OF IN REGION CONFERENCES, EVENTS AND MEETINGS.

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AS AN INTERNATIONAL POLICY

INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY; REGIONAL STABILITY;

AND GLOBAL CHALLENGES RANGING FROM ENERGY AND CLIMATE TO GLOBAL

DEVELOPMENT AND ECONOMIC INTEGRATION, CSIS' PROGRAM SERVICES IN THE

REGION RELATE TO IN REGION TRAVEL AND ACCOMMODATIONS FOR ATTENDANCE AND

HOSTING OF IN REGION CONFERENCES, EVENTS AND MEETINGS.

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.

REGION: NORTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AS AN INTERNATIONAL POLICY

INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY; REGIONAL STABILITY;

AND GLOBAL CHALLENGES RANGING FROM ENERGY AND CLIMATE TO GLOBAL

DEVELOPMENT AND ECONOMIC INTEGRATION, CSIS' PROGRAM SERVICES IN THE

REGION RELATE TO IN REGION TRAVEL AND ACCOMMODATIONS FOR ATTENDANCE AND

HOSTING OF IN REGION CONFERENCES, EVENTS AND MEETINGS.

REGION: RUSSIA AND NEIGHBORING STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: AS AN INTERNATIONAL POLICY

INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY; REGIONAL STABILITY;

AND GLOBAL CHALLENGES RANGING FROM ENERGY AND CLIMATE TO GLOBAL

DEVELOPMENT AND ECONOMIC INTEGRATION, CSIS' PROGRAM SERVICES IN THE

REGION RELATE TO IN REGION TRAVEL AND ACCOMMODATIONS FOR ATTENDANCE AND

HOSTING OF IN REGION CONFERENCES, EVENTS AND MEETINGS.

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AS AN INTERNATIONAL POLICY

INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY; REGIONAL STABILITY;

AND GLOBAL CHALLENGES RANGING FROM ENERGY AND CLIMATE TO GLOBAL

DEVELOPMENT AND ECONOMIC INTEGRATION, CSIS' PROGRAM SERVICES IN THE

REGION RELATE TO IN REGION TRAVEL AND ACCOMMODATIONS FOR ATTENDANCE AND

HOSTING OF IN REGION CONFERENCES, EVENTS AND MEETINGS.

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AS AN INTERNATIONAL POLICY

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.

INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY; REGIONAL STABILITY;

AND GLOBAL CHALLENGES RANGING FROM ENERGY AND CLIMATE TO GLOBAL

DEVELOPMENT AND ECONOMIC INTEGRATION, CSIS' PROGRAM SERVICES IN THE

REGION RELATE TO IN REGION TRAVEL AND ACCOMMODATIONS FOR ATTENDANCE AND

HOSTING OF IN REGION CONFERENCES, EVENTS AND MEETINGS.

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: AS AN INTERNATIONAL POLICY

INSTITUTION FOCUSED ON DEFENSE AND NATIONAL SECURITY; REGIONAL STABILITY;

AND GLOBAL CHALLENGES RANGING FROM ENERGY AND CLIMATE TO GLOBAL

DEVELOPMENT AND ECONOMIC INTEGRATION, CSIS' PROGRAM SERVICES IN THE

REGION RELATE TO IN REGION TRAVEL AND ACCOMMODATIONS FOR ATTENDANCE AND

HOSTING OF IN REGION CONFERENCES, EVENTS AND MEETINGS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES

Employer identification number
52-1501082

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </p>		
<p>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</p>	X	
<p>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?</p>	X	
<p>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.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p>4a Receive a severance payment or change-of-control payment?</p>		X
<p>4b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		X
<p>4c Participate in, or receive payment from, an equity-based compensation arrangement?</p>		X
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>5 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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		
<p>5a The organization?</p>		X
<p>5b Any related organization?</p>		X
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		
<p>6a The organization?</p>		X
<p>6b Any related organization?</p>		X
<p>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</p>		X
<p>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</p>		X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

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

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.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN J. HAMRE PRESIDENT & CEO	(i)	356,412.	0.	1,188.	25,500.	2,000.	385,100.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RALPH A. COSSA TRUSTEE & PRESIDENT PACIFIC FORUM	(i)	153,710.	0.	3,708.	15,631.	2,598.	175,647.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN HEYL SR. VP - DEVELOPMENT	(i)	197,378.	0.	1,846.	19,281.	5,020.	223,525.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN MORRISON SR. VP AND DIR.	(i)	191,595.	0.	775.	19,780.	6,200.	218,350.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID BERTEAU SR. VP AND DIR.	(i)	185,136.	0.	1,188.	19,501.	9,863.	215,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) FRANK VERRASTRO SR. VP	(i)	167,022.	0.	1,188.	17,500.	7,977.	193,687.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) H. ANDREW SCHWARTZ SR. VP	(i)	158,270.	0.	270.	16,615.	7,884.	183,039.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MICHAEL J GREEN SR. VP	(i)	174,118.	10,000.	414.	17,541.	1,286.	203,359.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CRAIG COHEN EXECUTIVE VP	(i)	185,448.	0.	162.	19,115.	5,707.	210,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ALICE BLEVINS SR. VP- OPERATIONS	(i)	148,779.	7,000.	162.	15,115.	2,375.	173,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOHANNA N. TUTTLE SR. VP - STRATEGIC PLANNIN	(i)	143,032.	0.	180.	15,288.	9,852.	168,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) KAREN WONG SR. VP - MEMBERSHIP GROUPS	(i)	148,022.	0.	270.	15,115.	3,131.	166,538.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) HEATHER CONELY VP	(i)	154,334.	0.	180.	15,588.	1,543.	171,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JON B. ALTERMAN VP	(i)	152,102.	0.	270.	16,092.	8,821.	177,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) TODD SUMMERS SENIOR ADVISER	(i)	212,761.	0.	414.	0.	8,510.	221,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) MATTHEW GOODMAN SENIOR ADVISER	(i)	184,637.	0.	414.	0.	7,884.	192,935.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) CHRISTOPHER JOHNSON SENIOR ADVISER	(i)	181,635.	0.	180.	0.	7,884.	189,699.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ERNEST BOWER IV SENIOR ADVISER	(i)	173,457.	0.	270.	17,500.	1,543.	192,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) VICTOR CHA SENIOR ADVISER	(i)	164,028.	0.	414.	16,555.	1,543.	182,540.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

EXPLANATION: THE FOLLOWING EMPLOYEE RECEIVED NONTAXABLE CLUB DUES:

JOHN HAMRE: \$8,100

JOHN HEYL: \$1,704

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

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

Name of the organization **CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES**

Employer identification number
52-1501082

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	25483VEF7	06/16/11	44,815,000.	REFINANCE LAND PURCHASE		X		X		X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	44,815,000.							
4 Gross proceeds in reserve funds	3,646,875.							
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1,380,422.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds	39,787,703.							
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2013							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Name of the organization **CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES** Employer identification number **52-1501082**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13,041	1,061,513.	SELLING PRICE
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for 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 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization
CENTER FOR STRATEGIC AND INTERNATIONAL
STUDIES

Employer identification number
52-1501082

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

SECURITY; REGIONAL STABILITY; AND TRANSNATIONAL CHALLENGES RANGING FROM
ENERGY AND CLIMATE TO GLOBAL DEVELOPMENT AND ECONOMIC INTEGRATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RELATIONS, THE GEOPOLITICAL IMPACTS OF UNCONVENTIONAL ENERGY RESOURCES,
THE ROLE OF FINANCIAL POWER IN NATIONAL SECURITY, THE LEGACY OF IRAQ

AND AFGHANISTAN, MARITIME TENSIONS IN ASIA, EXPANDED U.S. ENGAGEMENT TO

COMBAT EBOLA IN WEST AFRICA, AND A SIMULATED CRISIS BETWEEN EUROPE AND

RUSSIA. IN 2014, CSIS LAUNCHED THE FEDERATED DEFENSE PROJECT, A

MULTIYEAR EFFORT LOOKING AT HOW THE UNITED STATES AND ITS PARTNERS CAN

BUILD A COMMON APPROACH TO SECURITY ARCHITECTURES. OVER THE COURSE OF

THE YEAR, CSIS CONDUCTED STUDIES ON THE "INSTITUTIONAL FOUNDATIONS" OF

FEDERATED DEFENSE TO ASSESS THE CHALLENGES PRESENTED BY U.S. GOVERNMENT

REGULATIONS, PROCESSES, AND CULTURE TO PROVIDING ASSISTANCE AND

EQUIPMENT TO U.S. ALLIES AND PARTNERS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

AND OTHER TECHNOLOGIES TO CONTROL THIS UNPRECEDENTED, PATHOGENIC

THREAT. IN 2014, GHPC HOSTED THE PUBLIC LAUNCH OF THE OBAMA

ADMINISTRATION'S GLOBAL HEALTH SECURITY AGENDA (GHSA) AND CARRIED

FORWARD THEREAFTER MULTIPLE CONSULTATIONS. GHPC HELD A SERIES OF

SIGNIFICANT DIALOGUES WITH CONGRESS THAT SHAPED THE PRIOR KNOWLEDGE AND

SUPPORT ON THE HILL FOR THIS HEALTH SECURITY INITIATIVE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES	Employer identification number 52-1501082
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HOSTED LEADING GOVERNMENT OFFICIALS. LAST YEAR, CSIS HOSTED DEFENSE

MINISTER ITSUNORI ONODERA FOR A STATESMEN'S FORUM AND WELCOMED FIRST

LADY AKIE ABE FOR AN ADDRESS ON WOMENOMICS. THE CHAIR ALSO SPEARHEADED

A GROUNDBREAKING INITIATIVE TO RESEARCH AND TRACK THE AREAS OF

POTENTIAL CONTEST AND CONFLICT AMONG THE POWERS IN THE EAST AND SOUTH

CHINA SEAS WITH AN ORIGINAL WEB MAGAZINE, THE ASIA MARITIME

TRANSPARENCY INITIATIVE (AMTI.CSIS.ORG). THIS RESOURCE PROVIDES

UNBIASED ANALYSIS AND DEPTH TO A CRITICAL AND INCREASINGLY COMPLICATED

SECURITY ISSUE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS.

EXPENSES \$ 17,190,550. INCLUDING GRANTS OF \$ 0. REVENUE \$ 5,017,423.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: FORM 990 IS REVIEWED IN DETAIL BY THE CEO, EXECUTIVE VICE

PRESIDENT, CFO AND OTHER MEMBERS OF THE EXECUTIVE MANAGEMENT TEAM. AFTER

THE FORM 990 IS REVIEWED INTERNALLY BY MANAGEMENT, A FINAL DRAFT IS

PROVIDED TO THE FINANCE & AUDIT COMMITTEE THEN MADE AVAILABLE FOR REVIEW BY

THE FULL BOARD OF TRUSTEES. AFTER A BRIEF PERIOD FOR REVIEW AND COMMENT

PERIOD BY THE BOARD, THE FORM 990 IS THEN ELECTRONICALLY FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: ALL OFFICERS, DIRECTORS/TRUSTEES AND KEY EMPLOYEES ARE

REQUIRED TO SIGN A COI OR AN OUTSIDE BUSINESS DISCLOSURE (OMB) STATEMENT

UPON HIRE, WHENEVER SIGNIFICANT CHANGES OCCUR AND ANNUALLY, AT A TIME

DESIGNATED BY CSIS MANAGEMENT. A THREE-PERSON CONFLICT OF INTEREST REVIEW

PANEL DESIGNATED BY CSIS PRESIDENT & CEO REVIEWS ALL OBD STATEMENTS AT

Name of the organization CENTER FOR STRATEGIC AND INTERNATIONAL
STUDIES

Employer identification number
52-1501082

LEAST ANNUALLY OR WHENEVER UPDATES ARE SUBMITTED. THE COI REVIEW PANEL

CONVENES WHENEVER NECESSARY TO DISCUSS POTENTIAL VIOLATIONS OF THIS POLICY

OR TO HELP ADVISE STAFF ON COMPLIANCE.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE COMPENSATION FOR THE PRESIDENT AND CEO IS REVIEWED

ANNUALLY USING COMPENSATION SURVEY DATA AND APPROVED BY THE EXECUTIVE

COMMITTEE OF THE BOARD OF TRUSTEES. THE COMPENSATION OF OTHER SENIOR

MANAGEMENT AND CORPORATE OFFICERS ARE REVIEWED ANNUALLY BY THE COMPENSATION

COMMITTEE USING COMPARABLE THINK TANK SURVEY DATA AND IS APPROVED BY THE

PRESIDENT AND CEO AND THE FINANCE & AUDIT AND EXECUTIVE COMMITTEES OF THE

BOARD OF TRUSTEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MS, NH, NJ, NM, NY, NC, ND

OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF

INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART IX, LINE 20: INTEREST EXPENSE

EXPLANATION: INTEREST EXPENSE IS THE SUM OF THE TAX-EXEMPT BOND DEBT

SERVICE AND CONSTRUCTION LOAN INTEREST RELATED TO THE LAND PURCHASE AND

BUILDING CONSTRUCTION OF THE CSIS HEADQUARTERS IN WASHINGTON, DC.

Name of the organization CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES	Employer identification number 52-1501082
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FORM 990, PART XII, LINE 2C

EXPLANATION: THE PROCESS FOR OVERSEEING THE AUDIT OF THE FINANCIAL
 STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THAT AUDITED THE
 FINANCIAL STATEMENTS HAS BEEN CONSISTENT WITH PRIOR YEARS.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning OCT 1, 2013, and ending SEP 30, 2014

2013

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Form header section containing organization name (CENTER FOR STRATEGIC AND INTERNATIONAL STUDIES), address (1616 RHODE ISLAND AVENUE, NW WASHINGTON, DC 20036), and employer identification number (52-1501082).

Section C: Book value of all assets at end of year (152,752,779) and Section G: Group exemption number and organization type (501(c) corporation).

Section H: Describe the organization's primary unrelated business activity (PARKING).

Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (No).

Section J: The books are in care of (LISA POOLE) and Telephone number (202-887-0200).

Table for Part I: Unrelated Trade or Business Income. Columns include (A) Income, (B) Expenses, and (C) Net. Rows 1-13 show various income and expense categories with a total of 19,425.

Part II: Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table for Part II: Deductions Not Taken Elsewhere. Rows 14-34 list various deduction categories such as compensation, salaries, repairs, interest, taxes, and charitable contributions, totaling 33,022 in deductions.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here... 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40b Other credits (see instructions) 40c General business credit. Attach Form 3800 40d Credit for prior year minimum tax (attach Form 8801 or 8827) 40e Total credits. Add lines 40a through 40d 41 Subtract line 40e from line 39 42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43 Total tax. Add lines 41 and 42 44a Payments: A 2012 overpayment credited to 2013 44b 2013 estimated tax payments 44c Tax deposited with Form 8868 44d Foreign organizations: Tax paid or withheld at source (see instructions) 44e Backup withholding (see instructions) 44f Credit for small employer health insurance premiums (Attach Form 8941) 44g Other credits and payments: Form 2439 Form 4136 Other Total 45 Total payments. Add lines 44a through 44g 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 49 Enter the amount of line 48 you want: Credited to 2014 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2013 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. 3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4a Additional section 263A costs (att. schedule) 4b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Inventory at end of year 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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

Sign Here Signature of officer Date CHIEF FINANCIAL OFFICER Title May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN YONG ZHANG, CPA Firm's name RSM US LLP Firm's EIN 42-0714325 1861 INTERNATIONAL DRIVE, SUITE 400 Firm's address MCLEAN, VA 22102 Phone no. 703-336-6400

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

Table with 1 column for description of property, rows (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions. Rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ... (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 4 columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions. Rows (1) through (4).

Table with 5 columns: 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Rows (1) through (4).

Totals ... Total dividends-received deductions included in column 8 ...

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Rows (1) through (4).

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Rows (1) through (4).

Totals ... Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T OTHER INCOME STATEMENT 1

DESCRIPTION	AMOUNT
PARKING	19,425.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	19,425.

FORM 990-T OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	AMOUNT
REAL ESTATE TAX	32,772.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	32,772.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/09	478,122.	0.	478,122.	478,122.
09/30/10	380,637.	0.	380,637.	380,637.
09/30/11	637,742.	0.	637,742.	637,742.
NOL CARRYOVER AVAILABLE THIS YEAR			1,496,501.	1,496,501.