Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Inspection

A	or the 20	003 calendar year, or tax year beginning J	UL 1, 2003	and er	iding JUN 30,	2004	
В	Check if	Please C Name of organization			D E	mployer i	dentification number
ŧ	pplicable	USE IRS THE INSTITUTE FOR FO	REIGN POLICY			• •	
	Address change	print or ANALYSIS, INC.				51-0	192436
	Name change	type Number and street (or P.O. hox if mail is no	ot delivered to street address	3)	Room/suite ET	elephone	number
	Initial	Specific 675 MASSACHUSETTS AV		,			492-2116
	Final	Instruc- tions City or town, state or country, and ZIP + 4			F	Accounting me	thod Cash X Accrual
	Amende				<u> </u>	Other (specify)	
	Applicat	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable tru	ısts	H and I are not applica		
		must attach a completed Schedule A (Form 9	30 or 990-EZ).		H(a) Is this a group retur		
G 1	Nebsite:	►WWW.IFPA.ORG			H(b) If "Yes," enter numb		
		lion type (check only one) ► X 501(c) (3) ◀ (inser	tno) 4947(a)(1) or	527	H(c) Are all affiliates incli	ided?	N/A Yes No
K	Check her	re 🕨 🔲 if the organization's gross receipts are norm	nally not more than \$25,000	The	(If "No," attach a list H(d) Is this a separate re		W 20 Or-
		on need not file a return with the IRS, but if the organiza			ganization covered	by a group	ruling? Yes X No
!	n the mai	i, it should file a return without financial data. Some sta	tes require a complete retur	rn.	I Group Exemption N	umber 🟲	
					M Check ▶ ☐ If th	e organiza	tion is not required to attach
L	Gross rec	eipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶	3,120,05	52.	Sch B (Form 990, 9		
P	art I	Revenue, Expenses, and Changes in	Net Assets or Fund	Bala	nces		
	1	Contributions, gifts, grants, and similar amounts receive	ed				
	а	Direct public support		1a	988,940) .	
	b	Indirect public support		1b			
	C	Government contributions (grants)		10			
	d	Total (add lines 1a through 1c) (cash \$ 9	88,940. noncash \$	3)	1d	988,940.
	2	Program service revenue including government fees ar	nd contracts (from Part VII, II	ine 93)	· ·	2	2,128,017.
_	3	Membership dues and assessments				3	
0	4	Interest on savings and temporary cash investments				4	3,095.
	5	Dividends and interest from securities				5	
	6 a	Gross rents		6a			
2	b	Less rental expenses		6b			
<u>M</u>	C	Net rental income or (loss) (subtract line 6b from line 6	ia)			_ 6c	
$\cup_{\mathfrak{a}}$	7	Other investment income (describe			T) 7	
0 35U (Revenue	8 a	Gross amount from sales of assets other	(A) Securities	ļ	(B) Other		
ڰۣڗ		than inventory		8a			
0,	b	Less cost or other basis and sales expenses		<u>8b</u>		_	
ငပ	C	Gain or (loss) (attach schedule)		8c		→	
200 %	đ	Net gain or (loss) (combine line 8c, columns (A) and (I	3))			8d	
- F	9	Special events and activities (attach schedule) If any a	mount is from gaming , chec	k here	▶ □		
	а	Gross revenue (not including \$	of contributions	1	1		
		reported on line 1a)		9a		_	
		Less direct expenses other than fundraising expenses		9b		_	
	1	Net income or (loss) from special events (subtract line	9b from line 9a)	1	I	90	
	10 a	Gross sales of inventory, less returns and allowances		10a			
	b	Less cost of goods sold		10b			
	C	Gross profit or (loss) from sales of inventory (attach so	chedule) (subtract line 10b fr	om line	10a)	10c	
	11	Other revenue (from Part VII, line 103)	<u> </u>			- 11	2 120 052
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1	Oc, and 11)	-	RECEIVED_	12	3,120,052.
S	13	Program services (from line 44, column (B))		{ [1 3 13	2,428,095.
Expenses	14	Management and general (from line 44, column (C))		Q	NOV 1 7 2004	SO 14 SO 15	707,033.
xpe	15	Fundraising (from line 44, column (D))	+	7		S 15 16	22,304.
ш	i	Payments to affiliates (attach schedule)			JODEN HT		3,157,632.
_	17	Total expenses (add lines 16 and 44, column (A)) Excess or (deficit) for the year (subtract line 17 from III	ne 12)		OGDEN, UT	18	<37,580.>
<u>ب</u>	19	Net assets or fund balances at beginning of year (from	•	-			691,124.
Net	20	Other changes in net assets or fund balances (attach e		272	STATEMENT 1	19	<4,050.>
٩	21	Net assets or fund balances at end of year (combine lin		ناب	OTATEMENT I	20	649,494.
323		I HA For Panerwork Paduction Act Notice see the	·			41	Form 000 (2002)

51-0192436

		ns must complete column	(A) Columns (B), (C), and a)(1) nonexempt charitable		
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	-, organi	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	 			2	
cash \$noncash\$	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	561,173.	384,728.	170,502.	5,943.
26 Other salaries and wages	26	849,605.	582,470.	258,136.	8,999.
27 Pension plan contributions	27	92,156.	63,180.	28,000.	976.
28 Other employee benefits	28	108,435.	74,341.	32,946.	1,148.
29 Payroll taxes	29	90,913.	62,328.	27,622.	963.
30 Professional fundraising fees	30				
31 Accounting fees	31	12,725.		12,725.	
32 Legal fees	32	2,238.		2,238.	
33 Supplies	33	44,560.		44,560.	
34 Telephone	34	63,665.		63,665.	
35 Postage and shipping	35	23,448.		23,448.	
36 Occupancy	36	241,722.		241,722.	
37 Equipment rental and maintenance	37	22,911.		22,911.	
38 Printing and publications	38	57,651.	52,684.	4,967.	
39 Travel	39	287,037.	256,480.	30,557.	
40 Conferences, conventions, and meetings	40	282,475.	282,275.	200.	
41 Interest	41	153.		153.	
42 Depreciation, depletion, etc. (attach schedule)	42	30,650.		30,650.	
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
C	43c				
d	43d				
e SEE STATEMENT 2	43e	386,115.			
Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-1:	5 44	3,157,632.	2,428,095.	707,033.	22,504.
Joint Costs. Check if you are following SOP 9					
Are any joint costs from a combined educational campa	-				Yes X No
If "Yes," enter (i) the aggregate amount of these joint co			· ·		·
(III) the amount allocated to Management and general			iv) the amount allocated to	Fundraising \$	
Part III Statement of Program Serv		complishments			
What is the organization's primary exempt purpose?					Drogram Camileo
GOVERNMENT POLICY RESEAR		Ctata I	he asserted asserted asserted asset	disables asset at Disable	Program Service Expenses
All organizations must describe their exempt purpose achieveme achievements that are not measurable. (Section 501(c)(3) and (4) or achievements that are not measurable.					(Required for 501(c)(3) and (4) orgs , and 4947(a)(1)
allocations to others)	TON	DOLLOW C EOI	DMIT AMEON		trusts; but optional for others)
			RMULATION		
********		ISSION TO US			
AGENCIES AND DISSEMINA	TION	TO GENERAL	PUBLIC		2 220 071
· MD1711710 OF FORETON DO	T T 6 11		rants and allocations \$)	2,330,971.
b TRAINING OF FOREIGN PO	FICA	ANALYSTS			
					07 104
		(G	irants and allocations \$)	97,124.
C					
		(6	irants and allocations \$)	
d					
	<u> </u>				
				 	
			irants and allocations \$	·····)	
e Other program services (attach schedule)	Llus = 44	·	irants and allocations \$)	2 420 005
f Total of Program Service Expenses (should equa					
323011	i iiile 44,	Columni (B), Program Serv	1062)		2,428,095. Form 990 (2003)

Part IV Balance Sheets

	ere required, attached schedules and amounts uld be for end-of-year amounts only.	s within the des	cription column	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	601.	45	600.		
46	Savings and temporary cash investments			512,952.	46	600. 69,392.
47 a		47a	408,774.	•		
b		47b		160,641.	47c	408,774
48 a	Pledges receivable	48a				
b	Less allowance for doubtful accounts	48b			48c	
49	Grants receivable		} _	80,000.	49	260,000
50	Receivables from officers, directors, trustees,				_	
3 .	and key employees	1 1	_		50	· · · · · · · · · · · · · · · · · · ·
51 a		51a				
		51b			51c	
52	Inventories for sale or use		-		52 53	
53 54	Prepaid expenses and deferred charges Investments - securities	▶ [Cost FMV		54	
	investments - securities Investments - land, buildings, and		COST LINIA		34	
33 a	equipment basis	55a				
	equipment basis	554				
6	Less accumulated depreciation	55b			55c	
56	Investments - other				56	
57 a		57a	452,192.			
b		57b	381,816.	72 , 551.	57c	70,376
58	Other assets (describe	SEE STA	TEMENT 3	24,833.	58	70,376
59	Total assets (add lines 45 through 58) (must equ	ual lina 74)		851,578.	59	838,324
60	Accounts payable and accrued expenses	uai iiii u 74)		64,954.	60	111,330
61	Grants payable		-	95,500.	61	77,500
62	Deferred revenue				62	
	Loans from officers, directors, trustees, and key	emplovees			63	
64	a Tax-exempt bond liabilities	. ,			64a	
63	b Mortgages and other notes payable				64b	
65	Other liabilities (describe)		65	
66	Total Habilities (add lines 60 through 65)			160,454.	66	188,830
	anizations that follow SFAS 117, check here	X and comple	ete lines 67 through	100/131.	00	100/000
l Oigi	69 and lines 73 and 74	LZZ and compi	ito iiiios or tiirougii			
67	Unrestricted			<167,935.	67	45,692
68	Temporarily restricted			859,059.	68	45,692 603,802
69	Permanently restricted				69	
Orga	anizations that do not follow SFAS 117, check her	e 🕨 🔲 and	complete lines			
ב -	70 through 74					
70	Capital stock, trust principal, or current funds				70	
67 68 69 0rgs 70 71 72 73	Paid-in or capital surplus, or land, building, and	equipment fund			71	
72	Retained earnings, endowment, accumulated inc	ome, or other fun	ds		72	
73	Total net assets or fund balances (add lines 67	through 69 or lin	es 70 through 72,			
	column (A) must equal line 19, column (B) must			691,124.	73	649,494
74	Total liabilities and net assets / fund balances	(add lines 66 and	73)	851 , 578.	74	838,324

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

ANALYSIS, INC.

FUNI 990 (2003) ANALISIS, INC.	31-0192430 Page
Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
Total revenue, gains, and other support per audited financial statements	a Total expenses and losses per audited financial statements b Amounts included on line a but not on
b Amounts included on line a but not on line 12, Form 990	line 17, Form 990 (1) Donated services
(1) Net unrealized gains on investments \$	and use of facilities \$
(2) Donated services	reported on line 20,
and use of facilities \$	Form 990 \$ (3) Losses reported on
year grants \$	line 20, Form 990 \$
(4) Other (specify)	(4) Other (specify)
Add amounts on lines (1) through (4) b 0 c Line a minus line b c 3,120,052	Add amounts on lines (1) through (4) b b 0 c Line a minus line b c 3, 157, 632
d Amounts included on line 12, Form	d Amounts included on line 17, Form
990 but not on line a: (1) Investment expenses	990 but not on line a (1) Investment expenses
not included on	not included on
line 6b, Form 990 \$(2) Other (specify)	line 6b, Form 990 \$
<u> </u>	\$\$
Add amounts on lines (1) and (2) e Total revenue per line 12, Form 990	Add amounts on lines (1) and (2) e Total expenses per line 17, Form 990
(line c plus line d) \triangleright e 3, 120, 052.	(line c plus line d) \triangleright 8 3, 157, 632.
Part V List of Officers, Directors, Trustees, and Key	
(A) Name and address	(B) Title and average hours per week devoted to position (C) Compensation (D) Contributions to employee benefit plans & deferred compensation other allowances
ROBERT PFALTZGRAFF, JR	PRESIDENT
STRAFFORD, PA	40 184,705. 17,471. 0.
JACQUELYN K. DAVIS	EXECUTIVE VP
BETHESDA, MD	40 188,263. 17,471. 0.
CHARLES PERRY	CLERK
BROOKLINE, MA JOHN R. GALVIN	40 188,205. 17,471. 0. DIRECTOR
MEDFORD, MA WILLIAM S. EDGERLY	O. O. O. O. DIRECTOR
CAMBRIDGE, MA WILLIAM SMITH	0. 0. 0. 0. DIRECTOR
ĀLĒXĀNDRIĀ, VĀ	0. 0. 0. 0.
FRANK CARLUCCI	DIRECTOR
MCLEAN, VA	0. 0. 0.
STEPHEN W. RITTERBUSH	DIRECTOR
MCLEAN, VA	0. 0. 0.
NEIL B. RUSSELL	DIRECTOR
TRVINE, CA	

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule Yes X No

THE INSTITUTE FOR FOREIGN POLICY

		<u>1-0192436</u>		Page 5
Pa	t VI Other Information	· · · · · · · · · · · · · · · · · · ·	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	/A 78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	Х	
b	If "Yes," enter the name of the organization SEE STATEMEN	NT 4		
		nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions. 81a	0.		
b	Did the organization file Form 1120-POL for this year?	81b		Х
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less th	an		
	fair rental value?	82a		Х
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			
		/A		
83 a		83a	X	
b		/A 83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
		/A 84b	1	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	/A 85a		
b		/A 85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for p	roxy tax		
	owed for the prior year			
C		/A		
d		/A		
е		/A		
f		/A		
q		/A 85q	1	
h		· · · · · · · · · · · · · · · · · · ·		
		/A 85h		
86		/A		
		/A		
87		/A		
	Gross income from other sources (Do not net amounts due or paid to other sources			
		/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,		1	
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?			
	If "Yes," complete Part IX	88	X	
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under		1	
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ►	0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit		1	
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?		1	l
	If "Yes," attach a statement explaining each transaction	89b		Х
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	[-30		
	sections 4912, 4955, and 4958	>		0.
d		•		0.
90 a	List the states with which a copy of this return is filed MASSACHUSETTS			
b	Number of employees employed in the pay period that includes March 12, 2003			21
91	The books are in care of ► DOROTHY WHALEN Telephone no ►	617-492 - 2	2116	
	Located at ► 675 MASSACHUSETTS AVENUE, CAMBRIDGE, MA	$ZiP+4 \triangleright 0213$	39	
			_	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		, ▶ [
32304	and enter the amount of tax-exempt interest received or accrued during the tax year	N/		100
32304 12-17		For	m 990	(2003)

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Part VII	Analysis of Income-	Producing A					
Note: Ente	er gross amounts unless othen	wise -		ted business income		ed by section 512, 513, or 514	(E)
ındıcated.			(A) Business	(B)	(C) Exclu-	(D)	Related or exempt
93 Progra	am service revenue	i	code	Amount	sion	Amount	function income
	ANTS & CONTRACT	s [388,788.
	NFERENCES						115,900.
	PORTS						943.
· ·	CRIO						743.
d							
e							
	are/Medicaid payments	}-					1 600 006
g Fees a	nd contracts from government age	encies					1,622,386.
94 Memb	ership dues and assessments	1					
95 Interes	st on savings and temporary cash	investments			14	3,095.	
96 Divide	nds and interest from securities						
97 Net re	ntal income or (loss) from real est	ate					_
a debt-f	inanced property	Ī					
	bt-financed property	Ţ					
	ntal income or (loss) from persona	al property					
	investment income	ar property					-
	or (loss) from sales of assets	ŀ			- - 		
	, ,						
	than inventory	}					
	come or (loss) from special events						
102 Gross	profit or (loss) from sales of inver	itory					
103 Other	revenue						
a							
b							
_		ľ					
d							
Α					- - 		
104 Subto	tal (add columns (B), (D), and (E))				0.	3,095.	2.128.017.
		-			<u> </u>	37033.	2,128,017. 2,131,112.
	(add line 104, columns (B), (D), ar		4 6	0.0.41		▶.	2,131,112.
	105 plus line 1d, Part I, should				D		
	Relationship of Acti		•			•	
Line No.	Explain how each activity for wh				uted import	antly to the accomplishment	of the organization's
	exempt purposes (other than by						
93A	EXAMINE FOREIGN	POLICY,	TRAIN	POLICY AND	ALYST	S & FORMULATE	OPTIONS
	EXAMINE FOREIGN	POLICY,	TRAIN	POLICY AND	ALYST	S & FORMULATE	OPTIONS
93B	DISSEMINATE RES	ULTS OF I	EXAMIN	ATION OF FO	OREIG	N POLICY ISSU	ES
93C	DISSEMINATE RES	ULTS OF 1	EXAMIN	ATION OF FO	OREIG	N POLICY ISSU	ES
Part IX	Information Regard	ing Taxable S	Subsidia	ries and Disrega	rded En	tities (See page 34 of the	instructions)
	(A)	(B)	1	(C)		(D)	(E)
Name, a	ddress, and EIN of corporation, ership, or disregarded entity	Percentage of	.	Nature of activities	1	Total income	End-of-year
		ownership interes	_				assets
	NAL SECURITY		%				
PLANN			%				
INC ,	CAMBRIDGE, MA		%				
04 - 29	93284	100%	%RESEA	RCH / INAC'	TIVE	<4,050.	<u> </u>
Part X	Information Regardi	ing Transfers	s Associa	ated with Persor	nal Bene	efit Contracts (See pag	e 34 of the instructions)
(a) Did t	he organization, during the year, re	eceive any funds, d	irectly or ind	rectly, to pay premiums	on a perso	nal benefit contract?	Yes X No
• •	he organization, during the year, p	•	-	• • • • •	•		Yes X No
	"Yes" to (b), file Form 88 10 an		-	•			
	Under penalties of perjury, I declare the correct, and complete Declaration of p				and statemer	nts, and to the best of my knowled	ge and belief, it is true,
Please	correct, and complete Declaration of p	reparer other than office	cer) is based or	all information of which pre	parer has any	knowledge	ou Visito 1 1
Sign Here	Signature of officer			Date 1 10 2004	, <u>/ (</u>	ant name and title	ey, vice passaurs
Here	Signatore of officer	0.0		Date'		rint name and title Check if	Daniel de Bott de Barrie
Pald	Preparer's	Ubl 1		<i>I)</i> .	Date /	self-	Preparer's SSN or PTIN
Preparer's	signature	MUNDO O	in O	A	10/29/	OY employed ▶ 🔲	500043276
Use Only	vours if	& BODOIN	, ,	•	1 -1-	EIN ►	<u>'</u>
•	self-employed), 75 SEC	OND AVEN	UE				
323161 12-17-03	address, and ZIP + 4 NEEDHA	M, MA 02	494			Phone no ► 7	81-455-1400

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

2003

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

THE INSTITUTE FOR FOREIGN POLICY ANALYSIS, INC.

(See page 1 of the instructions. List each one. If there are none, enter "None")

Employer identification number 51 0192436

d) Contributions to employee benefit plans & deferred (b) Title and average hours (e) Expense account and other (a) Name and address of each employee paid per week devoted to (c) Compensation more than \$50,000 position allowances compensation WALTER RHOADES SR STAFF 0 40 101,198 ALEXANDRIA, VA MICHAEL SWEENEY SR STAFF 40 85,000 8,500 ARLINGTON, VA CFODOROTHY M. WHALEN 40 CAMBRIDGE, MA 75,000 7,500 JAMES SCHOFF SR STAFF 40 85,000 708 SUDBURY, MA SR STAFF RICHARD WEITZ 40 0 ARLINGTON, VA 59,417 Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service ROGER W. ROBINSON, INC RESEARCH WASHINGTON, DC CONSULTANT 155,000. TIMOTHY CAMPBELL RESEARCH 78,000. CONSULTANT ALEXANDRIA, VA DANIEL FINE RESEARCH MANOMET, MA 83,057. CONSULTANT Total number of others receiving over \$50,000 for professional services

3 a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how

Did you maintain any separate account for participating donors where donors have the right to provide advice

you determine that recipients qualify to receive payments)

on the use or distribution of funds?

b Do you have a section 403(b) annuity plan for your employees?

Par	t IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)						
The o	ganızat	ion is not a private foundation because it is. (Please check only ONE applicable box.)						
5	5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)							
6		A school Section 170(b)(1)(A)(ii) (Also complete Part V)						
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III)						
8		A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)						
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(III) Enter the hospital's name, city, and state						
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv (Also complete the Support Schedule in Part IV-A))					
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)						
116		A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)						
12		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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)						
13								
	(1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))							
		Provide the following information about the supported organizations (See page 5 of the instructions)	/h)					
		(a) Name(s) of supported organization(s)	(b) Line number from above					

14

X

X

3a

3b

An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

51-0192436

Par	Support Schedule (C Note: You may use th	complete only if you char se worksheet in the inst	ecked a box on line 10 tructions for converting), 11, or 12.) Use cash g from the accrual to th	method of accountir he cash method of acc	ig. ounting.
	dar year (or fiscal year ning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,451,638.	1,243,414.	1,342,330.	928,098.	4,965,480.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,699,630.	1,838,429.	1,155,525.	939,768.	5,633,352.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,089.	5,508.		25,380.	51,758.
19	Net income from unrelated business					
	activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	3,159,357.	3,087,351.	2,510,636.	1,893,246.	10,650,590.
24	Line 23 minus line 17	1,459,727.	1,248,922.	1,355,111.	953,478.	
25	Enter 1% of line 23	31,594.	30,874.	25,106.	18,932.	
26	Organizations described on lines 10	Dor 11 a Enter 2% of	amount in column (e), lin	e 24	▶ 26a	100,345.
b	Prepare a list for your records to sho	ow the name of and amou	int contributed by each pe	erson (other than a gover	nmental	
	unit or publicly supported organization	on) whose total gifts for 1	999 through 2002 excee	ded the amount shown in	line 26a	
	Do not file this list with your return.	. Enter the total of all thes	se excess amounts		▶ 26b	3,597,998.
C	Total support for section 509(a)(1) t				▶ 26c	5,017,238.
d	Add Amounts from column (e) for li	ines 18	51,758. 19			
		22	26b	<u>3,597,99</u>	8 . ≥ 26d	3,649,756.
8	Public support (line 26c minus line 2	•			≥ 26e	1,367,482.
	Public support percentage (line 26				▶ 26f	27.2557%
27	Organizations described on line 12					•
	records to show the name of, and to such amounts for each year (2002)	tal amounts received in ean N/A (2001)		ualified person " Do not fi .000)	ile this list with your retu (1999)	rn. Enter the sum of
h	For any amount included in line 17 to		•	•	• • •	to show the name of
	and amount received for each year, t		· ·		-	
	described in lines 5 through 11, as v					-
	the larger amount described in (1) o (2002)	r (2) , enter the sum of the		ss amounts) for each year	n N/A (1999)	
C	Add Amounts from column (e) for l	,		16	(,	
•	• •			21	▶ 27¢	N/A
d	Add Line 27a total		nd line 27b total		→ 27d	N/A
e	Public support (line 27c total minus				▶ 278	N/A
1	Total support for section 509(a)(2) t		23, column (e)	▶ 271	N/A	
g	Public support percentage (lin			ominator))	▶ 27g	N/A %
h	Investment income percentag	•				N/A %
	Investal Grantes For an organization					a liet for very seconds

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15 NONE 323121 12-05-03 Schedule A (Form 990 or 990-EZ) 2003

Part V Private School Questionnaire (See page 7 of the instructions) N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			
	to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		<u> </u>		
32	Does the organization maintain the following	-		
a	· · · · · · · · · · · · · · · · · · ·	32a		
þ	,	32b		
C				
	admissions, programs, and scholarships?	32c		
d	, , , , , , , , , , , , , , , , , , ,	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to	-		
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
8	Educational policies?	33в		
ſ	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
24 -	Done the expensive any financial aid or equations from a consequence?	_		
34 a		34a 34b		
t		340		
	If you answered "Yes" to either 34a or b, please explain using an attached statement		1 1	

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50,

1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Schedule A (Form 990 or 990-EZ) 2003

35

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed	ONLY by an eligible	organization	that filed Form 5768)

V	7	Δ

	(10 bo completed dite) b	y an engine organization that most onn or cor			
Che	ck 🕨 a 🔃 if the organization belor	gs to an affiliated group Check b	If you ch	ecked "a" and "limited contro	ol" provisions apply
		n Lobbying Expenditures utures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
				N/A	
36	Total lobbying expenditures to influence	public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence	a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 3	36 and 37)	38		
39	Other exempt purpose expenditures		39		
40	Total exempt purpose expenditures (ad	d lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the	amount from the following table -			
	If the amount on line 40 is -	The lobbying nontaxable amount is -			
	Not over \$500,000	20% of the amount on line 40	۱ ا		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	} 41		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000	ノ		
42	2 Grassroots nontaxable amount (enter 25% of line 41)				
43	43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36				
44	Subtract line 41 from line 38 Enter -0-	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38			
	Caution: If there is an amount on e	ther line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

		N/A			
Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount		-			0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- I Total lobbying expenditures (Add lines ${f c}$ through ${f h}$.)
 - If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
	X	· · · · · · · · · · · · · · · · · · ·
	X	
	Х	
	X	
	X	
	Х	
	X	
	X	
		0.

Schedule A (Form 990 or 990-EZ) 2003 ANALYSIS, INC.

ran		garding Transfers To and zations (See page 12 of the Instr		i Relationships with Noncharita	ible		
1 [rectly or indirectly engage in any of		organization described in section			
		section 501(c)(3) organizations) or in					
		ganization to a noncharitable exempt		Moz. organizations		Yes	No
	(i) Cash		51a(i)		Х		
	ii) Other assets				a(li)		Х
	Other transactions						
	(I) Sales or exchanges of asse	ets with a noncharitable exempt orgai	nization		b(i)		X
		noncharitable exempt organization			b(li)		Х
(ill) Rental of facilities, equipme	ent, or other assets			b(iii)		X
	lv) Reimbursement arrangeme				b(iv)		Х
	(v) Loans or loan guarantees				b(v)		X
(vi) Performance of services or	membership or fundraising solicitat	ions		b(vi)		Х
c S	Sharing of facilities, equipment,	mailing lists, other assets, or paid ei	mployees		C		Х
d I	f the answer to any of the above	e is "Yes," complete the following sch	nedule Column (b) should a	lways show the fair market value of the			
ç	joods, other assets, or services	given by the reporting organization	If the organization received	less than fair market value in any			
t	ransaction or sharing arrangen	nent, show in column (d) the value of	f the goods, other assets, or	services received		<u> N/A</u>	
(a)	(b)	(c)		(d)			
Line no	Amount involved	Name of noncharitable ex	empt organization	Description of transfers, transactions, and sl	naring ar	rangem	ents
					<u> </u>		
							
	 						
			- · · ·				
							
							
							
(s the organization directly or in Code (other than section 501(c) f "Yes," complete the following:)(3)) or in section 527?	one or more tax-exempt orgi	anizations described in section 501(c) of the	Yes	X] No
	(a Name of or)	(b) Type of organization	(c) Description of relationshi	р		
			-				
	··· · · · · · · · · · · · · · · · · ·						
			1				
	 ,						
							
			I				

FORM 990 OTHER CH	ANGES IN NET A	SSETS OR FUND	BALANCES	STATEMENT	1
DESCRIPTION				AMOUNT	
LOSS OF UNCONSOLIDATED W	<4,050 <4,050				
TOTAL TO FORM 990, PART					
FORM 990	ОТНЕБ	EXPENSES		STATEMENT	2
	(A)	(B)	(C)	(D)	
DESCRIPTION	TOTAL	PRÒGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISI	NG
PROMOTION CONSULTING FEES LIBRARY & RESEARCH	11,467. 327,325.	578. 327,325.	10,889.		
MATERIALS MISCELLANEOUS GSA FUNDING FEE	23,000. 14,400. 9,923.	23,000. 9,923.	14,400.		
ALLOCATION OF OVERHEAD	0.	308,783.	<313,258.	4,4	75.
TOTAL TO FM 990, LN 43	386,115.	669,609.	<287,969.	4,4	75.
FORM 990	ОТНЕ	R ASSETS		STATEMENT	3
DESCRIPTION				AMOUNT	
DEPOSITS MISC RECEIVABLES PREPAID EXPENSES			-	6,7 2,5 19,8	11.
TOTAL TO FORM 990, PART	IV, LINE 58, 0	COLUMN B	-	29,1	82.
FORM 990 IDEN	TIFICATION OF PART V	RELATED ORGAN	NIZATIONS	STATEMENT	4
NAME OF ORGANIZATION			EXEM	PT NONEXE	MPT
NATIONAL SECURITY PLANNI	NG ASSOCIATES,	INC		x	

···· 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization(Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No 67

Name(s) shown on return
Institute For Foreign Policy Analysis. Inc

Business or activity to which this form relates

Non Profit Research Organization

Identifying number 51-0192436

		,,							3. 0.02.700
Pa			ertain Property Un ted property, comp			u coi	molete Par	<i>t 1</i>	
1								1	\$100,000
2	Maximum amount See page 2 of the instructions for a higher limit for certain businesses Total cost of section 179 property placed in service (see page 2 of the instructions)						2	- 7100,000	
3	Threshold cost of section 179 property before reduction in limitation							3	\$400,000
4								4	7.337,333
5									
	5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see page 2 of the instructions						5	i	
		Description of prop		(b) Cost (business			(c) Elected cos	t	
6									
									
7	Listed property. Ent	er the amount	from line 29		7				
8	Total elected cost o	f section 179 p	property Add amount	s in column (c), lines 6	and 7	1	8	
9			aller of line 5 or line					9	
10			from line 13 of your					10	
11			aller of business income					11	
12			dd lines 9 and 10, bi			an lin	e 11	12	
13			2004 Add lines 9 and						
			w for listed property				مادياه المد	d	
			lowance and Othe					a pre	operty.)
14	Special depreciation	n allowance fo	r qualified property	(other than lis	ted prop	erty) (placed in		İ
4-	_		age 3 of the instruction	-				14	
15 16			1) election (see page					15 16	27036
			S) (see page 4 of the Do not include liste						
rai	IVIACKS DE	epreciation (ection A	(See pa	ye 4	or the msu	ucuc	JIIS.)
								17	
17			ced in service in tax						
18	vear into one or mo	re neneral assi	68(i)(4) to group any a et accounts, check h	ssets piaced ir	Service	auring	tne tax		
			in Service During 2					ciatio	on System
(a)	Classification of property	(b) Month and year placed in	(c) Basis for depreciation (business/investment use	(d) Recovery	(e) Conv		(f) Metho		(g) Depreciation deduction
		service	only—see instructions)	period	ļ '.'				J
19a	3-year property			ļ - <u>-</u> -					
<u>b</u>	5-year property		28475	5	Sched	lule	s/l		3614
<u>c</u>	7-year property		· · · · · · · · · · · · · · · · · · ·		ļ				
_ <u>d</u>	10-year property								
	15-year property				 				
<u></u>	20-year property			25	<u> </u>		0/7		
	25-year property			25 yrs.	1/1		S/L		
n	Residential rental property			27.5 yrs. 27.5 yrs.	MM		S/L S/L		
					MM		S/L S/L		
'	Nonresidential real			39 yrs.	MM				
	property Section C—A	seate Placed i	n Service During 20	03 Tay Voar II	Sing the		S/L	mcia	tion System
202	Class life	VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	il Service During 20	OS TAX TEAL O	I III	Aitei	r	CCIa	don System
				12	-		S/L		
	b 12-year 12 yrs. S/L c 40-year 40 yrs. MM S/L								
$\overline{}$		See page 6 o	f the instructions)	40 yrs.	i lalla		S/L		
								21	
21	Listed property. Ente					· ·		21	
22	Enter here and on the	irom ime 12, lin e appropriate lin	ies 14 through 17, line ies of your return. Parti	rs 19 and 20 in nerships and S	corporati	(y), an ons—s	o line 21 see instr	22	30650
23			ed in service during t	•					
			outable to section 26:		23				

THE INSTITUTE FOR FOREIGN POLICY ANALYSIS, INC.

51-0192436 FORM 990 – SCHEDULE A JUNE 30, 2004

SCHEDULE A - PART III - QUESTION 2(B)

The following activity took place with National Security Planning Associates, Inc., which is a wholly owned non-exempt corporation. All of the officers of the Institute are also officers or directors of the subsidiary.

Net advances to subsidiary

\$4,050

SCHEDULE A - PART III - QUESTION 4

The Institute for Foreign Policy Analysis, Inc. is a non-profit research organization which has a three-fold purpose:

- 1. Examination of issues of U.S. foreign policy
- 2. Formulation of policy options and programs for submission to U.S. government agencies and dissemination to the public
- 3. Training of students for policy analysis careers.

The Institute awards fellowships and search appointments to a select number of pre-doctoral candidates and recent recipients of the PhD degree in keeping with its commitment to the training of policy analysts.

THE INSTITUTE FOR FOREIGN POLICY ANALYSIS, INC.

51-0192436 FORM 990 – SCHEDULE A JUNE 30, 2004

STATEMENT OF FACTS AND CIRCUMSTANCES RE: PUBLIC SUPPORT

- 1. The Organization's percentage of public support for the last two years 2003 and 2002 was 27.26% and 29.28%, respectively, which is greater than the 10% minimum requirement.
- 2. The Organization's governing body represents the broad interest of the general public.
- 3. The Organization performs research which serves the interests of the general public in furtherance of its exempt purpose.
- 4. The Organization maintains a continuous program for solicitation of funds from the general public.