# **Public Inspection Copy**

(Rev. January 2020)

Department of the Treasury

### **Return of Organization Exempt From Income Tax**

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

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

2019

OMB No. 1545-0047

Open to Public

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2019 calendar year, or tax year beginning , 2019, and ending C Name of organization Diplomatic Security Foundation, Incorporated Check if applicable: D Employer identification number Doing business as 52-1909558 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite (703)439-4404Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Dunn Loring, VA 22027 **G** Gross receipts \$ 336,016. Amended return **H(a)** Is this a group return for subordinates? ☐ **Yes X No** Application pending F Name and address of principal officer: **H(b)** Are all subordinates included? Yes No Greg Starr, PO Box 228, Dunn Loring, VA 22027 Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 If "No," attach a list. (see instructions) 501(c) ( ) ◀ (insert no.) Website: ► N/A **H(c)** Group exemption number ▶ Form of organization: X Corporation Trust Association L Year of formation: 1995 M State of legal domicile: VA Part I Summary Briefly describe the organization's mission or most significant activities: DSF mission: DSF provides timely financial support and charitable contributions to members 1 of the U.S. Department of State's Diplomatic Security Service, security professionals, Activities & Governance and other colleagues in the law enforcement and foreign affairs communities. 2 Check this box ▶ ☐ 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) . . . . . 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) . . . . . . . . . 45 Total unrelated business revenue from Part VIII. column (C), line 12 7a 0. Net unrelated business taxable income from Form 990-T, line 39 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 8 369,385 276,184. 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 5,910. 13,865. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . -84,192-88,088. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 291,103 201,961. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 133,405 95,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ► 8,438. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 49,139. 49,374. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 182,544. 144,374. 19 Revenue less expenses. Subtract line 18 from line 12 . 108,559. 57,587. Assets or designation of designation of the designa **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 768,026. 824,916. 21 Total liabilities (Part X, line 26) . 1,013. 316. 22 Net assets or fund balances. Subtract line 21 from line 20 767,013. 824,600. Signature Block Part II 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. 08/12/2020 Sign Signature of officer Date Here Greg Starr, President Type or print name and title Print/Type preparer's name Date PTIN Check | if **Paid** Corrie Scott self-employed P01295891 8/12/2020 **Preparer** Firm's name Firm's EIN ▶ ► Hozik & Company, P.L.C. Use Only Firm's address ▶ 374 Maple Ave E Ste 305, Vienna, VA 22180-4718 | Phone no. (703)272-7109

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

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# **Application for Automatic Extension of Time To File an Exempt Organization Return**

► File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

	cts, for which an extension request must be sent to this form, visit www.irs.gov/e-file-providers/e-file-			r more deta	ails on the	e electronic				
Autom	natic 6-Month Extension of Time. Only subn	nit origina	I (no copies needed).							
-	porations required to file an income tax return otherse Form 7004 to request an extension of time to file			ırtnerships,	REMICs	, and trusts				
Type o print	Diplomatic Security Foundation	ı, Incor			umber (TII	۷)				
File by the		ox, see instru	uctions.							
filing your return. Se instructio	City, town or post office, state, and ZIP code. For a foreign address, see instructions.									
Enter th	ne Return Code for the return that this application i	is for (file a	separate application for each return	n)		0 1				
Applic Is For		Return Code	Application Is For			Return Code				
	990 or Form 990-EZ	01	Form 990-T (corporation)			07				
	990-BL	02	Form 1041-A			08				
	4720 (individual)	03	Form 4720 (other than individual)			09				
	990-PF	04	Form 5227			10				
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990-T (trust other than above) 06 Form 8870 12										
<ul><li>If the</li><li>If this</li><li>for the</li></ul>	hone No. ► (703)435-7441  organization does not have an office or place of but is for a Group Return, enter the organization's fout whole group, check this box ► □ . If it the names and TINs of all members the extension	usiness in t ur digit Gro it is for par	up Exemption Number (GEN)		 If this	s is				
	I request an automatic 6-month extension of time the organization named above. The extension is fo  ▼ calendar year 20 19 or  ▼ tax year beginning	or the organ	nization's return for:							
	If the tax year entered in line 1 is for less than 12 n ☐ Change in accounting period	nonths, ch	eck reason: 🗌 Initial return 🔻 Fii	nal return						
	If this application is for Forms 990-BL, 990-PF, 9 any nonrefundable credits. See instructions.	990-T, 472	0, or 6069, enter the tentative tax,		\$	0.				
	If this application is for Forms 990-PF, 990-T, 4 estimated tax payments made. Include any prior y		•	and 3b	\$	0.				
	<b>Balance due.</b> Subtract line 3b from line 3a. Inclusing EFTPS (Electronic Federal Tax Payment Sys	tem). See	nstructions.	3c	\$	0.				
Caution	: If you are going to make an electronic funds withdrawa	ıl (direct deb	it) with this Form 8868, see Form 8453-E	EO and Form	1 8879-EO	for payment				

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  DSF mission: DSF provides timely financial support and charitable contributions to members of the U.S. Department of State's Diplomatic Security Service, security professionals,
	and other colleagues in the law enforcement and foreign affairs communities.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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.
	(Code: )(Expenses\$ 85,238.including grants of\$ 71,000.)(Revenue\$ 44,742.)  Hardship Support: Provide financial support to law enforcement  professionals or their surviving families as a result  of sickness, injury or death. Supported 20 individuals.
4b	(Code:) (Expenses \$28,749.including grants of \$24,000.) (Revenue \$15,090.)  Scholarship Support: Provide assistance for leadership  development for young/adults. Supported 9 individuals.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 113,987.

Part l	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		×
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? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		
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> (see instructions)	17	×	×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	×	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
U	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
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>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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)? If "Yes," complete Schedule R, Part V, line 2	35b		×
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	×	
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			
	February and the property of the Property of the Account of the Ac		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		

### Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . За Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a × If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over. a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . × 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . 6a × b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a × If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . . 7b × Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с × If "Yes," indicate the number of Forms 8282 filed during the year . . . . . . . . . . . . d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f × If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? . . . . . . . . . 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . . . . . . . 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . . . 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . 10b 11 Section 501(c)(12) organizations. Enter: 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year... Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? . . . 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c С 14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . . 14a × If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 16 If "Yes," complete Form 4720, Schedule O.

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 X 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a X **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a × **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 × 14 × 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . . 15a × 15b × 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 16a × 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ VA 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Sarah Rothleder, 3588 Plum Dale Dr, Fairfax, VA 22033 (703)435-7441

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2019) Page **7** 

# 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. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.	
(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	employee Key employee Officer		Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Jeff Bozworth  Member	1.00	×						0.	0.	0.	
(2) Jason Santiago Member	1.00	-						0.	0.	0.	
(3) Garrett Smith Member	1.00	×						0.	0.	0.	
(4) Christopher Disney Member	1.00	×						0.	0.	0.	
(5) Stephen Rice Member	1.00	×						0.	0.	0.	
(6) Doug Allison Secretary	3.00	×		×				0.	0.	0.	
(7) Allegra Sensenig Treasurer	2.00	×		×				0.	0.	0 .	
(8) Greg Starr President	5.00	×						0.	0.	0 .	
(9) John Hampson Vice-president	2.00	×		×				0.	0.	0 .	
(10)		_									
(11)											
(12)											
(13)											
(14)											

Part	VII Section A. Officers, Directors, 7	Trustees,	Key I	Ξm	plo	yee	s, an	d F	lighest Compe	nsated Em	ploy	ees (continued	<u>(</u> c
					•	C)							
	(A)	(B)	(do n	ot ch		ition more	e than d	one	(D)	(E)		(F)	
	Name and title	Average hours	box,	unles	ss pe	rson	is both or/trust	n an	Reportable compensation	Reportable compensatio	n	Estimated amount of other	
		per week	_	_		_		–	from the	from related		compensation	
		(list any hours for	Individual trustee or director	nstitu	Officer	Key employee	ighe:	Former	organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	SC)	from the organization and	
		related organizations	dual	tion		삞	st cc	4			r	elated organizations	S
		below	trusi	al tro		yee	mpe						
		dotted line)	ee e	nstitutional trustee			Highest compensated employee						
(15)							ğ						_
													_
(16)		<u> </u>	_										
(17)													
(18)													_
(19)													_
(20)													_
													_
(21)													
(22)													
(23)													_
(24)													_
(25)													_
<u></u>													
1b	Subtotal							<b>•</b>	0.		0.	0	÷
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			•	•	•		<b>&gt;</b>	0.		0.	0	_
2	Total number of individuals (including but	t not limited					above	e) w					÷
	reportable compensation from the organi	zation ►										Yes No	_
3	Did the organization list any former of											_	
4	employee on line 1a? If "Yes," complete so For any individual listed on line 1a, is the											3 ×	
-	organization and related organizations individual	greater th	an \$1	150,	,000	? /	f "Ye	s, "	complete Sched	dule J for s	uch	4 ×	
5	Did any person listed on line 1a receive of for services rendered to the organization											5 ×	
Secti	on B. Independent Contractors												_
1	Complete this table for your five high compensation from the organization. Repo												
	(A) Name and business add	ress							(B) Description of serv	rices	Co	(C) ompensation	_
													_
													_
													_
2	Total number of independent contractor received more than \$100,000 of compens	•	-					th	nose listed above	e) who			

# Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	espon	ise or note to ar	ny line in this Pa	art VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
S S	1a	Federated campaig	ns .		1a	15,762.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
رة ق	С	Fundraising events			1c	229,407.				
ffs,	d	Related organization	ns .		1d					
ig ig	е	Government grants			1e					
ns,	f	All other contribution		· ·						
e ë		and similar amounts no			1f	31,015.				
혈된	q	Noncash contribution	ons in	cluded in						
E G	Ū	lines 1a-1f			1g	\$ 22,332.				
g E	h	Total. Add lines 1a-	-1f .				276,184.			
						Business Code				
Ce	2a									
e Z	b									
Sul	С									
Program Service Revenue	d									
g &	е									
Pro	f	All other program se								
_	g	Total. Add lines 2a-	-2f .			•				
	3	Investment income								
		other similar amoun	nts) .			<b>▶</b>	13,865.	0.	0.	13,865.
	4	Income from investr	ment o	of tax-exen	npt bo	ond proceeds ►				
	5	Royalties				•				
				(i) Rea	l	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с							
	d	Net rental income o	r (los	s)		🕨				
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets								
		other than inventory	7a							
ē	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě.	С	Gain or (loss)	7с							
-	d	Net gain or (loss)				<u> </u>				
Other	8a	Gross income fro								
0		events (not including								
		of contributions re								
		1c). See Part IV, line			8a	40,020.				
	b	Less: direct expens			8b	111,418.				
	С	Net income or (loss)	,		g eve	ents 🕨	-71,398.		0.	-71,398.
	9a	Gross income 1			_					
		activities. See Part			9a	5,947.				
	b	Less: direct expens			9b	22,637.				
	С	Net income or (loss)	•		ctivitie	es <b>&gt;</b>	-16,690.	0.	0.	-16,690.
	10a	Gross sales of in		-						
	_	returns and allowan			10a					
		Less: cost of goods			10b	1				
	С	Net income or (loss	) from	sales of ir	ivento	1				
sne	44					Business Code				
Jed Tue	11a									
scellaneo Revenue	b									
3e	C	All athan navana								
Miscellaneous Revenue	d	All other revenue								
	e	Total revenue See				<u> ▶</u>	201 061		^	74 222
	12	Total revenue. See	ınstr	uctions		🟲	201,961.	0.	0.	-74,223.

### 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 (**D**) Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 26,500. 26,500. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 68,500. 68,500. Benefits paid to or for members . . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages . . . . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . 9 10 Payroll taxes . . . . . . . . 11 Fees for services (nonemployees): Management . . . . . . . 30,331. 18,957. 5,687. 5,687. Legal . . . . . . . . . . . . . Accounting . . . . . . . . . . . Lobbying . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 8,796. 0. 8,796. 0. 12 Advertising and promotion . . . . . 2,429. 0. 1,728. 701. 13 1,313. 30. 1,283. 0. Office expenses . . . . . . . . 14 875. Information technology . . . . . . 0. 875. 0. 15 Royalties . . . . . . Occupancy . . . . . . . . . . . . 16 78. 78. 17 0. 0. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 . . . . . . . . . . . . . 21 Payments to affiliates . . . . . 273. 273. 22 Depreciation, depletion, and amortization . 0. 0. 23 1,477. 0. 1,477. 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 0. Taxes and licenses 325. 0. 325. Transaction and PayPal fees 1,202. 0. 365. 837. Rent of a storage facility 1,062. 0. 1,062. 0. Combined Federal Campaign fee 1,213. 1,213. 0. All other expenses Total functional expenses. Add lines 1 through 24e 144,374. 25 113,987. 21,949. 8,438. 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 of note to any line in this P	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	28,544.	1	36,128.
	2	Savings and temporary cash investments		2	787,759.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section $4958(f)(1)$ ), and persons described in section $4958(c)(3)(B)$ .		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	1,843.	9	756.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D <b>10a</b> 1,363			
	b	Less: accumulated depreciation	_	10c	273.
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	824,916.
	17	Accounts payable and accrued expenses	1,013.	17	316.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		00	
Liabilities	00			22	
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
		·		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		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,013.	26	316.
S		Organizations that follow FASB ASC 958, check here ▶ ⊠	1,013.		310.
ce		and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions	767,013.	27	824,600.
Be	28	Net assets with donor restrictions	0.	28	0.
lud		Organizations that do not follow FASB ASC 958, check here ▶ □			
구		and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances		32	824,600.
Z	33	Total liabilities and net assets/fund balances	768,026.	33	824,916.
Net Assets or Fund Balances	32		767,013.	32	

Form 990 (2019) Page 12
Part XI Reconciliation of Net Assets

Pan	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)		2	01,9	61.
2	Total expenses (must equal Part IX, column (A), line 25)		1	44,3	74.
3	Revenue less expenses. Subtract line 2 from line 1		!	57,5	87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		7	67,0	13.
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))		8:	24,6	00.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other				
	If the organization changed its method of accounting from a prior year or checked "Other," expla	in in			
	Schedule O.	J			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. [	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compile	ed or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	ļ			
b	Were the organization's financial statements audited by an independent accountant?	. [	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	on a			
	separate basis, consolidated basis, or both:				
	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	J			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. [	2c		×
	If the organization changed either its oversight process or selection process during the tax year, explain	in on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	n the			
	Single Audit Act and OMB Circular A-133?	. [	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit	s.	3b		
				000	

REV 06/02/20 PRO Form **990** (2019)

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

ole trust.

Department of the Treasury Internal Revenue Service 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	ame of the organization Employer identification number										
	lomatic Security Founda					52-1909558					
Par	t I Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.				
The o	organization is not a private founda				-	•					
1	A church, convention of church										
2	A school described in <b>section</b>		·								
3	A hospital or a cooperative ho										
4	A medical research organization hospital's name, city, and state		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)(	(iii). Enter the				
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in				
6 7	☐ A federal, state, or local gover☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				the general public				
8	8 A community trust described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)										
9											
10	An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)										
11	☐ An organization organized and		•		•	•					
12	☐ An organization organized and	operated exclus	sively for the benefit o	f, to perfo	orm the fu	unctions of, or to car	ry 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.										
а	<b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. <b>You must complete Part IV, Sections A and B.</b>										
b						unnorted organizati	on(s) by having				
J	control or management of organization(s). You must	the supporting o	rganization vested in	the same							
С	Type III functionally integ its supported organization						ally integrated with,				
d	Type III non-functionally that is not functionally inte requirement (see instructional see instructions)	grated. The orga	nization generally mus	st satisfy	a distribu	ıtion requirement an	• ,				
е		nization received	a written determination	on from th	ne IRS tha	at it is a Type I, Type	e II, Type III				
f	Enter the number of supported	* *									
g			orted organization(s).								
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
				Yes	No						
(A)											
(B)											
(C)											
(D)											
(E)	;)										
T-4:											

	(Complete only if you checked the Part III. If the organization fails to				-		alify under
Secti	on A. Public Support	y quality arias	or the teete he	stod bolow, p	loade comple	7.0 1 art III.)	
	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(1)		(2)	(7)
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						
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)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc					12	F04( )(0)
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	a, thira, fourtr	i, or titth tax y	ear as a sectio	n 501(c)(3)
Sooti	organization, check this box and stop he	t Paraantaa					
14	on C. Computation of Public Support  Public support percentage for 2019 (line 6)			1 column (f))		14	%
15 16a	Public support percentage from 2018 Sch 331/3% support test—2019. If the organ box and stop here. The organization qua	nedule A, Part ization did not	II, line 14 . check the box	 x on line 13, a	 nd line 14 is 33	15 3 <sup>1</sup> / <sub>3</sub> % or more,	% check this
b	33 <sup>1</sup> / <sub>3</sub> % support test—2018. If the organithis box and stop here. The organization	zation did not	check a box c	on line 13 or 16	Sa, and line 15	is 33 <sup>1</sup> /3% or m	nore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumst	ances" test, cl	neck this box a	and <b>stop here</b> .	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets the neets the "fac	e "facts-and-o	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

Schedule A (Form 990 or 990-EZ) 2019

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	237,999.	312,673.	365,242.	369,385.	253,852.	1,539,151.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
2	organization's fax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	27 042	40 655	FO 67F	47 200	60 200	252 700
4	Tax revenues levied for the	37,943.	48,655.	50,675.	47,208.	68,299.	252,780.
4	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	275,942.	361,328.	415,917.	416,593.	322,151.	1,791,931.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	3,400.	3,900.	3,300.	2,000.	1,750.	14,350.
b	Amounts included on lines 2 and 3	3,100.	37500.	3,300.	2,000.	1,750.	117330.
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	3,400.	3,900.	3,300.	2,000.	1,750.	14,350.
8	Public support. (Subtract line 7c from	3,400.	3,000.	3,300.	2,000.	1,750.	14,330.
	line 6.)						1,777,581.
Secti	on B. Total Support						, , , , , , ,
Calen	dar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6	275,942.	361,328.	415,917.	416,593.	322,151.	1,791,931.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	2,925.	1,630.	3,082.	5,910.	13,865.	27,412.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2,7223.	17030.	37002.	3,7210.	13,003.	2771121
С	Add lines 10a and 10b	2,925.	1,630.	3,082.	5,910.	13,865.	27,412.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,7223.	1,030.	37002.	3,710.	13,003.	2771121
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	000 000	260 250	410 000	100 500	226 016	1 010 242
14	First five years. If the Form 990 is for the	278,867.	362,958.		422,503.		1,819,343.
	organization, check this box and <b>stop he</b>	•			•		` '; '
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8			I3. column (f))		15	97.7 %
16	Public support percentage from 2018 Sch					16	98.26 %
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2019 (			y line 13, colu	mn (f))	17	1.51 %
18	Investment income percentage from 2018			•			0.81 %
19a	33 <sup>1</sup> / <sub>3</sub> % support tests—2019. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests – 2018. If the organize line 18 is not more than 331/3%, check this line 18 is not more than 301/3%, check this line 18 is not more than 301/3%.	ation did not cl	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	33 <sup>1</sup> /3%, and
20	<b>Private foundation.</b> If the organization di		_		· ·	-	_

#### **Supporting Organizations** Part IV

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Se

<b>Secti</b>	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
50	purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	4c		
5a	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	00		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
c	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		
•	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			

10a

10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
2	Did the expenientian expects for the banefit of any supported expenientian other than the supported	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	5.1. 5.1. 5.1. 5.1. 5.1. 5.1. 5.1. 5.1.		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			,
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
1-	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	26		
3	-	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
IJ	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970 (expla	ain in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Sections	ons A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y int	egrated Type III supportin	ng organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)			
Sect	Section D-Distributions					
1	Amounts paid to supported organizations to accomplish	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive			
9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
b						
С						
d						
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2019 from Section D, line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.					
7	<b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2015					
b	Excess from 2016					
С	Excess from 2017					
d	Excess from 2018					
	Evenes from 2010					

Schedule A (Form 990 or 990-EZ) 2019

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Diplomatic Security Foundation, Incorporated

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Employer identification number** 

52-1909558

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Cat. No. 30613X

REV 06/02/20 PRO

Name of organization

Diplomatic Security Foundation, Incorporated

Employer identification number

52-1909558

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		\$48,840.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$22,100.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$13,740.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$9,820.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$8,840.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$8,840.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)			

Name of organization

Diplomatic Security Foundation, Incorporated

Employer identification number

52-1909558

		52					
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				
7		\$8,840.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8		\$6,380.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9		\$5,400.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10		\$5,000.	Person X Payroll Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
11		\$5,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
12		\$7,000.	Person				

Name of organization

Diplomatic Security Foundation, Incorporated

Employer identification number

52-1909558

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
12		\$7,000.	05/23/2018
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

	atic Security Foundation, in			52-1909558			
Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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. See instructions.) ▶ \$							
Use duplicate copies of Part III if additional space is needed.  (a) No. from (b) Purpose of gift (c) Use of gift				(d) Description of how gift is held			
Part I							
-							
		(e) Transf	er of gift				
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee			
(a) No. from	(b) Durnoss of gift	(a) Han (	f aift	(d) Description of how gift is hold			
Part I	(b) Purpose of gift	(c) Use o	or girt	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee			
(a) No							
(a) No. from	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
Part I							
		(e) Transfe	er of gift				
	Transferee's name, address, a	nd ZIP + 4	Relatio	onship of transferor to transferee			
				•			
(a) No. from	(b) Purpose of gift	(c) Use o	of gift	(d) Description of how gift is held			
Part I	(b) I dipose oi giit	(0) 036 (	n giit	(a) Description of now girt is field			
		(e) Transfe	er of gift				
	<b>.</b>						
	Transferee's name, address, a	ind ZIP + 4	Relation	onship of transferor to transferee			
<b>I</b>							

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name o	of the organization		Employer identification number
Dip	lomatic Security Foundation, Incorpo	orated	52-1909558
Pai			ds or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	eld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar	nd donor advisors in writing that gran	t funds can be used
	only for charitable purposes and not for the benefi		
	conferring impermissible private benefit?		🗌 Yes 🗌 No
Par	t II Conservation Easements.		
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the c	organization (check all that apply).	
	☐ Preservation of land for public use (for example, recre	ation or education)   Preservation of	f a historically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified historic structure
	☐ Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements	8	. 2b
С	Number of conservation easements on a certified hi	istoric structure included in (a)	. 2c
d	Number of conservation easements included in (	c) acquired after 7/25/06, and not of	on a
	historic structure listed in the National Register .	·	. 2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	ninated by the organization during the
	tax year ▶		
4	Number of states where property subject to conserve	vation easement is located ►	
5	Does the organization have a written policy reg violations, and enforcement of the conservation eas		pection, handling of
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting ▶\$	g, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line 2 and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports of	onservation easements in its revenue	and expense statement and
	balance sheet, and include, if applicable, the text of		ancial statements that describes the
	organization's accounting for conservation easement		
Par		•	Other Similar Assets.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FAS	B ASC 958, not to report in its revenu	e statement and balance sheet works
	of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote t	o its financial statements that describ	es these items.
b	If the organization elected, as permitted under FAS		
	art, historical treasures, or other similar assets held		search in furtherance of public service,
	provide the following amounts relating to these item	is:	
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art,	historical treasures, or other similar	
	following amounts required to be reported under FA	ASB ASC 958 relating to these items:	
а	following amounts required to be reported under FA Revenue included on Form 990, Part VIII, line 1 .  Assets included in Form 990, Part X		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2019 Page **2** 

Part	Organizations Maintaining Col	lections of Art,	Historical	Treasures	, or Ot	her Similar As	sets (con	tinued)
3	Using the organization's acquisition, acce collection items (check all that apply):	ssion, and other re	ecords, che	ck any of th	e follow	ving that make s	ignificant u	se of its
а	☐ Public exhibition		d 🗌 Loar	or exchang	e progr	am		
b	☐ Scholarly research		e 🗌 Othe	er				
С	☐ Preservation for future generations							
4	Provide a description of the organization's XIII.	s collections and e	xplain how	they further	the org	janization's exem	npt purpos	e in Part
5	During the year, did the organization solid assets to be sold to raise funds rather than	n to be maintained						☐ No
Part								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?						_	☐ No
b	If "Yes," explain the arrangement in Part XI	III and complete th	e following	table:				
						Ar	nount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on					•		∐ No
	If "Yes," explain the arrangement in Part X	III. Check here if th	e explanati	on has been	provide	ed on Part XIII .		
Par		1.004		5	4.0			
	Complete if the organization ans						1	
		Current year (k	) Prior year	(c) Two year	rs back	(d) Three years back	(e) Four ye	ars back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the co	urrent year end ba	lance (line 1	g, column (a	i)) held a	as:		
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶%	Ď						
С	Term endowment ▶%							
	The percentages on lines 2a, 2b, and 2c sh	nould equal 100%.						
3a	Are there endowment funds not in the pos	ssession of the org	ganization th	nat are held	and ad	ministered for th		
	organization by:						Y	es No
	(i) Unrelated organizations						3a(i)	
	.,						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organi		•				3b	
4	Describe in Part XIII the intended uses of the		endowment	funds.				
Part			_					
	Complete if the organization ans	wered "Yes" on	Form 990,	Part IV, line	e 11a. :	See Form 990,	Part X, lin	e 10.
	Description of property	(a) Cost or other ba (investment)	1 ' '	or other basis (other)		Accumulated epreciation	(d) Book v	alue
1a	Land		0.					0.
b	Buildings							
С	Leasehold improvements							
d	Equipment			1,363.		1,090.		273.
е	Other							
Total.	Add lines 1a through 1e. (Column (d) must of	equal Form 990, P	art X, colum	n (B), line 10	Oc.)	<del>. •</del>		273.

Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of recently or acting to the control of the con	Part VII	Investments – Other Securities.	m 000 Dort IV lin	o 11h Coo Form	000 Part V line 12
Continue name of security   Cost or end-of-year market value					
			(b) Book value		
(8)   (9)					
(A)   (B)   (C)		eld equity interests			
(B)   (C)					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   Complete if the organization answered   Part Vision   Part					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part IV, line 13.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.    Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 12.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line					
(F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
(ii) (ic) (it) (it) (it) (it) (it) (it) (it) (it					
(ft)  Total. Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶  Part VIII Investments — Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Coact or end-of-year market value (d) Book value (e) Book value (e) Book value (ft) B					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments — Program Related.  Complete if the organization answered "Yes" on 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 (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.    (a) Description of Investment   (b) Book value   (c) Method of Valuation: Coast or end-of-year market value					
Complete if the organization answered "Yes" on 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 matriet value (d) (e) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
(a) Description of Investment (b) Book value (c) Method of valuation: Coat or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Part VIII		m 000 Dart IV lin	o 11a Coo Form	000 Dort V line 12
(1) (2) (3) (4) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		<u> </u>			
(2)   (8)   (9)   (9)   (9)   (9)   (9)   (10)		(a) Description of Investment	(b) Book value		
(2)   (8)   (9)   (9)   (9)   (9)   (9)   (10)	(1)				
(a)   (b)   (c)					
6    6    6    6    6    6    6    6					
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on 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)  Part X Other Liabilities.  Complete if the organization answered "Yes" on 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) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25	(4)				
(7)   (8)   (9)   (9)   (7)   (8)   (9)   (7)   (8)   (9)   (9)   (10	(5)				
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on 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)  Part X Other Liabilities.  Complete if the organization answered "Yes" on 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) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶   Part IX					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g					
Complete if the organization answered "Yes" on 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" on 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) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		mn (b) must equal Form 990 Part X col (B) line 13 )			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (c) Book value (d) Book value (e) Book value (f) Federal income taxes (g) (g) (g) (g) (h) Book value (h) Form 990, Part IV, line 11e or 11f. See Form 990, Part IV, line 15e					
(f) (g) (g) (g) (g) (g) (g) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			m 990, Part IV, lin	e 11d. See Form	990, Part X, line 15.
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		(a) Description			(b) Book value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	(1)				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(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" on 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) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
(7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)					
Part X Other Liabilities. Complete if the organization answered "Yes" on 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) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
Complete if the organization answered "Yes" on 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) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
Iine 25.   (a) Description of liability   (b) Book value   (1) Federal income taxes   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Part X				
1.       (a) Description of liability       (b) Book value         (1) Federal income taxes       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)         2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the		•	m 990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					#ND
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		*** *			(b) Book value
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		come taxes			
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the					
				<u> ▶</u>	

Schedule D (Form 990) 2019 Page **4** 

Part	•		-	Return.	
	Complete if the organization answered "Yes" on Form 990, I	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	295,996.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			3	295,996.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-94,035.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	-94,035.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	201,961.
Part				er Retui	'n.
	Complete if the organization answered "Yes" on Form 990, I				
1	Total expenses and losses per audited financial statements			1	238,409.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		ı		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	94,035.		
е	Add lines 2a through 2d			2e	94,035.
3	Subtract line <b>2e</b> from line <b>1</b>			3	144,374.
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			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	144 274
5 Port	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line <b>XIII Supplemental Information</b> .	e 16.)	<del></del>	5	144,374.
	• • •	-l 4. D	- wt 1\/ 1i 1 h 1 O	D+ \/	line 4. Deut V. line
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
۲, ۱ ۵۱	t XI, IIIIes zu and 45, and i art XII, IIIIes zu and 45. Also complete this part	to pic	wide arry additional in	nomatio	11.
Pt. X	I, Line 4b: Special event expenses				
Pt X	II, Line 2d: Special event expenses				
	,				

Schedule D (For	rm 990) 2019	Page 🕻
Part XIII	Supplemental Information (continued)	

### **SCHEDULE F** (Form 990)

# **Statement of Activities Outside the United States** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number Diplomatic Security Foundation, Incorporated 52-1909558

Par	General Information Form 990, Part IV, line		ies Outside	the United States. Com	plete if the organization a	nswered "Yes" or
1	For grantmakers. Does the other assistance, the grante award the grants or assistan	es' eligibility	for the gran	ts or assistance, and the s		☐ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitoring	g the use of its grants and	d other assistance
3	Activities nor Degion (The fo	llowing Dort	l line O table a	an ha dunlicated if addition	al appear is proceeded.)	
<u> </u>	Activities per Region. (The fo	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal					
b	Total from continuation sheets to Part I					
С	Totals (add lines 3a and 3b)					

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2	by the IRS, or	for which the g		nas provided a section		es by the foreign coun ency letter			

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) Contribution	Middle East	1	3,500.	Cash payment			
(2) Contribution	Europe	1	3,000.	Cash payment			
(3) Contribution	South America	1	5,000.	Cash payment			
(4) Contribution	Europe	1	4,000.	Cash payment			
(5) Contribution	South America	1	5,000.	Cash payment			
(6) Contribution	Europe	1	2,000.	Cash payment			
(7) Contribution	South Asia	1	2,000.	Cash payment			
(8) Contribution	Middle East	1	5,000.	Cash payment			
(9) Contribution	Central America	1	3,000.	Cash payment			
(10) Contribution	Europe	1	5,000.	Cash payment			
(11) Contribution	Middle East	1	1,000.	Cash payment			
(12) Contribution	Middle East	1	5,000.	Cash payment			
(13) Contribution	Sub-Saharan Africa	1	2,500.	Cash payment			
(14) Contribution	Europe	1	3,000.	Cash payment			
(15) Contribution	Europe	1	4,000.	Cash payment			
(16) Contribution	Sub-Saharan Africa	1	3,000.	Cash payment			
(17) Contribution	Central America	1	5,000.	Cash payment			
(18) See Statement		2	7,500.				

Schedule F (Form 990) 2019 Page **4** 

# 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 separately 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; don't file with Form 990)	☐ Yes	X 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	X 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	⊠ No

Schedule F (Form 990) 2019						
Part V	Supplemental Information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.					

## **Schedule F: Statement of Activities Outside U.S.**

## Part III: Grants and Other Assistance to Individuals Outside the U.S.

### **Continuation Statement**

Type of grant or assistance	Region	Number of recipients	Amount of cash grant	Manner of cash disbursement	Amount of non-cash assistance	Description of non-cash assistance	Method of valuation
Contribution	East Asia and Pacific	1	5,000.	Cash payment			
Contribution	Europe	1	2,500.	Cash payment			
	•	2	7,500.		0.		

### SCHEDULE G (Form 990 or 990-EZ)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

marrie (	or the organization					Employer identilit	cation number
Dip.	lomatic Security Founda	tion, Inco	rporated	l		52-1909558	
Par	Fundraising Activities. Form 990-EZ filers are r				vered "Yes" on	Form 990, Part IV,	line 17.
1	Indicate whether the organization	n raised funds t	hrough any	of the follo	owing activities. C	Check all that apply.	
а	☐ Mail solicitations		e [	Solicitati	on of non-goverr	ment grants	
b	☐ Internet and email solicitatio	ns	f	Solicitati	on of governmen	t grants	
С	☐ Phone solicitations		g [	Special f	undraising event	S	
d	☐ In-person solicitations			•	_		
2a	Did the organization have a writ	ten or oral agre	ement with	any individ	lual (including off	icers, directors, trust	ees,
	or key employees listed in Form						
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	ursuant to agreen	nents under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				>	aliait aantributiar	oo or hoo boon notifi	ad it is exempt from

egistration or licensing.

**Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1 Golf Tournament	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
<u>e</u>			(ovoin type)	(Ovoint typo)	(total Hambor)	
enr	1	Gross receipts	247,095.			247,095.
Revenue	•	Gross receipts	247,093.			247,093.
ш	2	Less: Contributions	207,075.			207,075.
	3	Gross income (line 1 minus line 2)	40,020.			40,020.
	4	Cash prizes	5,943.			5,943.
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	30,717.			30,717.
Direc	8	Entertainment	36,967.			36,967.
	9	Other direct expenses .	37,791.			37,791.
	10	Direct expense summary. Ad	ld lines 4 through 0 in a	olumn (d)		111 410
	11	Net income summary. Subtra				111,418. -71,398.
Pa	rt III	Gaming. Complete if th	organization answer	ared "Ves" on Form	000 Part IV line 10	
I G		\$15,000 on Form 990-E2	Z. line 6a.	sied ies diridini	330, r art rv, line r3,	or reported more than
Φ.		, ,		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
Ж	1	Gross revenue				
Se	2	Cash prizes				
oens	3	Noncash prizes				
t Exp	3	Noncasti prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)		
_	_			one to the contract of the		
	a l	Enter the state(s) in which the or s the organization licensed to co f "No," explain:	onduct gaming activities	s in each of these state	s?	🗌 Yes 🗌 No
10		Were any of the organization's g	_	•	ated during the tax year	

11	Does the organization conduct gaming activities with nonmembers?		∐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?	☐ Yes	∐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility		<u>%</u>
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ►		
	Name ►		
	Address►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ► \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	A status are N		
	Address ►		
16	Gaming manager information:		
.0	daning manager information.		
	Name ►		
	Gaming manager compensation ► \$		
	<del></del>		
	Description of services provided ►		
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
L.	retain the state gaming license?	☐ Yes	∟ №
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$		
art		(iii) and (	v). and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition		
	See instructions.		

Page 3

Schedule G (Form 990 or 990-EZ) 2019

### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

	tic Security Foundation, Incorporated						52-1909558		
Part I General Information	on Grants and	d Assistance							
<ol> <li>Does the organization maintain the selection criteria used to a</li> <li>Describe in Part IV the organization</li> </ol>	ward the grants ation's procedu	or assistance? res for monitoring	the use of grant fu		States.		🗵 Yes 🗌 No		
Part II Grants and Other Ass Part IV, line 21, for any	sistance to Do recipient that	mestic Organia received more t	<b>zations and Don</b> han \$5,000. Part	nestic Governm Il can be duplica	<b>lents.</b> Complete if ated if additional s	the organization answoace is needed.	ered "Yes" on Form 9	90,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of section 5 3 Enter total number of other or		•					. •		

Schedule I (Form 990) (2019)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistar
cholarships	9	24,000.	0.	FMV	None
ardship support	1	2,500.	0.	FMV	None
Supplemental Information. Pro	ovide the information re	ouired in Part I lin	e 2: Part III. columi	(b): and any other addit	tional information

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization	Employer identification number
Diplomatic Security Foundation, Incorporated	52-1909558
z-r-z-masts security roundation, interpretated	
Dt VII Time Oh: Who Omerainstian described have and him	
Pt VI, Line 8b: The Organization does not have any committees.	
Pt VI, Line 11b: The Organization's President and Treasurer revie	w the 990 before
it is filed.	
Pt VI, Line 19: The Organization provides the documents upon requ	est
10 v1, 21nc 1). The organization provides the documents upon requ	