

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning \_\_\_\_\_, 2016, and ending \_\_\_\_\_, 20\_\_\_\_

# 2016

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

Employer identification number

**52-1271179**

Name and title of officer

**STEVEN W. LOWE  
TREASURER/CFO**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>6,719,503.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **GELMAN, ROSENBERG & FREEDMAN** to enter my PIN **03755**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**52697498693**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)

623051 09-26-16

09080629 745960 03755

2016.03050 BUSINESS EXECUTIVES FOR NAT 03755\_\_1

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BUSINESS EXECUTIVES FOR NATIONAL SECURITY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1030 15TH STREET, NW 200 E</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20005</b> <b>F</b> Name and address of principal officer: <b>NORTON A. SCHWARTZ</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>52-1271179</b> <b>E</b> Telephone number <b>(202) 296-2125</b> <b>G</b> Gross receipts \$ <b>9,266,606.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.BENS.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1982</b> <b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>																			
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> <b>43</b>																		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> <b>43</b>																		
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) .....	<b>5</b> <b>41</b>																		
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b> <b>235</b>																		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> <b>0.</b>																		
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b> <b>0.</b>																		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">6,224,198.</td> <td style="text-align: right;">6,640,162.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">265,479.</td> <td style="text-align: right;">142,514.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">-82,848.</td> <td style="text-align: right;">-63,173.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">6,406,829.</td> <td style="text-align: right;">6,719,503.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	6,224,198.	6,640,162.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	265,479.	142,514.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-82,848.	-63,173.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	6,406,829.	6,719,503.
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Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0.																		
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.																		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	3,736,259.																		
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0.																		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>825,659.</b>																			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	1,835,211.																		
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	5,571,470.																			
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	835,359.																			
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16) .....</td> <td style="text-align: right;">6,399,884.</td> <td style="text-align: right;">7,452,826.</td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26) .....</td> <td style="text-align: right;">550,158.</td> <td style="text-align: right;">650,118.</td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</td> <td style="text-align: right;">5,849,726.</td> <td style="text-align: right;">6,802,708.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16) .....	6,399,884.	7,452,826.	<b>21</b> Total liabilities (Part X, line 26) .....	550,158.	650,118.	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	5,849,726.	6,802,708.						
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>STEVEN W. LOWE, TREASURER/CFO</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMES LARSON, CPA</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P01329561</b>
	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b> Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930</b>	Firm's EIN ▶ <b>52-1392008</b>	Phone no. (301) 951-9090		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO APPLY BEST BUSINESS PRACTICES TO ADDRESS THE NATION'S MOST PRESSING SECURITY CHALLENGES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,228,159. including grants of \$ ) (Revenue \$ ) MEETINGS PROGRAM - EVENTS AND MEETINGS HELD TO STIMULATE MEMBER ENGAGEMENT, EDUCATE OUR CLIENTS, AND ASSIST IN EXPANDING OUR PROJECTS.

4b (Code: ) (Expenses \$ 2,167,009. including grants of \$ ) (Revenue \$ ) POLICY DEVELOPMENT AND IMPLEMENTATION - PROMOTING INITIATIVES THAT WILL MAKE OUR COUNTRY MORE SECURE THROUGH NON-PARTISAN EDUCATION EFFORTS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,395,168.

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 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 "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

Form 990 (2016)

52-1271179 Page 4

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		<b>X</b>
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>X</b>
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 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> .....		<b>X</b>
<b>37</b> 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> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>X</b>	

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

Form **990** (2016)

**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>4b</b>	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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <span style="float:right">N/A</span>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? <span style="float:right">N/A</span>		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <span style="float:right">N/A</span>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">N/A</span>		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders <span style="float:right">N/A</span>		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">N/A</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <span style="float:right">N/A</span> <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	43		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	43		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>			<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
**STEVEN W. LOWE - (202)296-2125**  
**1030 15TH STREET, SUITE 200E, WASHINGTON, DC 20005**

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE E. MOSLER CHAIRMAN	2.00	X		X				0.	0.	0.
(2) RAPHAEL BENAROYA VICE CHAIRMAN	0.20	X		X				0.	0.	0.
(3) MARY M. BOIES VICE CHAIRMAN	0.20	X		X				0.	0.	0.
(4) DENIS A. BOVIN VICE CHAIRMAN	0.20	X		X				0.	0.	0.
(5) RAMON P. MARKS VICE CHAIRMAN	0.20	X		X				0.	0.	0.
(6) WILLIAM F. MURDY VICE CHAIRMAN	0.20	X		X				0.	0.	0.
(7) PATRICIA C. BARRON BOARD MEMBER	0.20	X						0.	0.	0.
(8) ALFRED R. BERKELEY BOARD MEMBER	0.20	X						0.	0.	0.
(9) NORMAN C. CHAMBERS BOARD MEMBER	0.20	X						0.	0.	0.
(10) HOWARD E. COX BOARD MEMBER	0.20	X						0.	0.	0.
(11) JOSEPH M. DEPINTO BOARD MEMBER	0.20	X						0.	0.	0.
(12) HARRIS DIAMOND BOARD MEMBER	0.20	X						0.	0.	0.
(13) DONALD R. DIXON BOARD MEMBER	0.20	X						0.	0.	0.
(14) EZRA S. FIELD BOARD MEMBER	0.20	X						0.	0.	0.
(15) KENNETH FISHER BOARD MEMBER	0.20	X						0.	0.	0.
(16) WILLIAM J. FLYNN BOARD MEMBER	0.20	X						0.	0.	0.
(17) MICHAEL P. GALVIN BOARD MEMBER	0.20	X						0.	0.	0.

**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK J. GERENCSEK BOARD MEMBER	0.20	X					0.	0.	0.	
(19) RONALD J. GIDWITZ BOARD MEMBER	0.20	X					0.	0.	0.	
(20) G.S. B. GILBERT BOARD MEMBER	0.20	X					0.	0.	0.	
(21) MAURICE R. GREENBERG BOARD MEMBER	0.20	X					0.	0.	0.	
(22) THOMAS J. HIGGINS BOARD MEMBER	0.20	X					0.	0.	0.	
(23) THOMAS M. HOLDER BOARD MEMBER	0.20	X					0.	0.	0.	
(24) JOHN K. HURLEY BOARD MEMBER	0.20	X					0.	0.	0.	
(25) PAUL R. MARCUS BOARD MEMBER	0.20	X					0.	0.	0.	
(26) JAMIE D. MCCOURT BOARD MEMBER	0.20	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							1,464,962.	0.	215,398.	
<b>d Total (add lines 1b and 1c)</b>							1,464,962.	0.	215,398.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**SEE PART VII, SECTION A CONTINUATION SHEETS**

**BUSINESS EXECUTIVES FOR NATIONAL  
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Form 990

52-1271179

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHRISTOPHER C. MELTON BOARD MEMBER	0.20	X					0.	0.	0.	
(28) JOHN P. MORGRIDGE BOARD MEMBER	0.20	X					0.	0.	0.	
(29) MARK S. NEWMAN BOARD MEMBER	0.20	X					0.	0.	0.	
(30) CHARLES E. PHILLIPS BOARD MEMBER	0.20	X					0.	0.	0.	
(31) ANTHONY SCARAMUCCI BOARD MEMBER	0.20	X					0.	0.	0.	
(32) STEPHEN J. SHAPIRO BOARD MEMBER	0.20	X					0.	0.	0.	
(33) ROGER S. SHEDLIN BOARD MEMBER	0.20	X					0.	0.	0.	
(34) JAMES SHIRA BOARD MEMBER	0.20	X					0.	0.	0.	
(35) FRANK V. SICA BOARD MEMBER	0.20	X					0.	0.	0.	
(36) DONALD V. SMITH BOARD MEMBER	0.20	X					0.	0.	0.	
(37) HEIDI L. STEIGER BOARD MEMBER	0.20	X					0.	0.	0.	
(38) THOMAS F. STEPHENSON BOARD MEMBER	0.20	X					0.	0.	0.	
(39) JOHN H. STREICKER BOARD MEMBER	0.20	X					0.	0.	0.	
(40) FRANCES F. TOWNSEND BOARD MEMBER	0.20	X					0.	0.	0.	
(41) EDWIN A. WAHLEN BOARD MEMBER	0.20	X					0.	0.	0.	
(42) BRUCE N. WHITMAN BOARD MEMBER	0.20	X					0.	0.	0.	
(43) MATTHEW E. ZAMES BOARD MEMBER	0.20	X					0.	0.	0.	
(46) NORTON SCHWARTZ PRESIDENT & CEO	40.00			X			432,192.	0.	41,432.	
(47) HENRY HINTON COO & SECRETARY	40.00			X			183,930.	0.	29,031.	
(48) STEVEN W. LOWE CFO & TREASURER	40.00			X			132,676.	0.	30,801.	
Total to Part VII, Section A, line 1c .....										

**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

Form 990

52-1271179

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(49) TOM "GUY" COSENTINO EXEC. VICE PRESIDENT	40.00					X		178,177.	0.	15,264.
(50) GENEVIEVE MOONIS SR. VICE PRESIDENT	40.00					X		130,244.	0.	34,835.
(51) SUSAN MAYBAUMWISNIEWSKI SR. VICE PRESIDENT	40.00					X		135,980.	0.	27,060.
(52) KATHERINE KENNING REGIONAL DIRECTOR	40.00					X		136,223.	0.	16,425.
(53) DEBORAH MCCARTHY VICE PRESIDENT	40.00					X		135,540.	0.	20,550.
Total to Part VII, Section A, line 1c .....								1,464,962.		215,398.

**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,314,100.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	5,326,062.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		202,969.				
	<b>h Total.</b> Add lines 1a-1f .....		6,640,162.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		166,116.			166,116.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....			-23,602.		-23,602.
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,314,100. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....					
		<b>c</b> Net income or (loss) from fundraising events .....			-63,382.		-63,382.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS REVENUE .....	900099		209.			209.	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			209.				
<b>12 Total revenue.</b> See instructions. .....			6,719,503.	0.	0.	79,341.	

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**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	850,062.	522,319.	107,984.	219,759.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,548,840.	2,097,210.	156,147.	295,483.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,791.	64,942.	4,177.	9,672.
<b>9</b> Other employee benefits	356,745.	292,203.	17,741.	46,801.
<b>10</b> Payroll taxes	216,111.	167,767.	16,122.	32,222.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	28,252.	865.	27,076.	311.
<b>c</b> Accounting	19,509.	597.	18,697.	215.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	39,611.	30,750.	2,955.	5,906.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	138,156.	4,228.	132,407.	1,521.
<b>12</b> Advertising and promotion	500.			500.
<b>13</b> Office expenses	232,020.	188,794.	18,142.	25,084.
<b>14</b> Information technology	10,112.	367.	9,614.	131.
<b>15</b> Royalties				
<b>16</b> Occupancy	714,981.	399,555.	162,100.	153,326.
<b>17</b> Travel	100,138.	87,057.	968.	12,113.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	419,331.	417,581.	1,750.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	10,969.	8,515.	818.	1,636.
<b>23</b> Insurance	28,137.	21,843.	2,099.	4,195.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a CREDIT CARD PROCESSING</b>	47,842.	37,140.	3,569.	7,133.
<b>b REPAIRS &amp; MAINTENANCE</b>	34,393.	26,699.	2,566.	5,128.
<b>c DUES AND SUBSCRIPTIONS</b>	29,172.	22,646.	2,176.	4,350.
<b>d EMPLOYEE DEVELOPMENT</b>	3,187.	3,187.		
<b>e</b> All other expenses	1,163.	903.	87.	173.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	5,908,022.	4,395,168.	687,195.	825,659.
<b>26 Joint costs.</b> 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)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,927,051.	<b>1</b>	2,528,771.
	<b>2</b> Savings and temporary cash investments .....	194,653.	<b>2</b>	102,250.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	117,471.	<b>4</b>	127,324.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	126,677.	<b>9</b>	133,135.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	283,235.		
	<b>b</b> Less: accumulated depreciation .....	249,487.		
	<b>11</b> Investments - publicly traded securities .....	3,838,109.	<b>11</b>	4,342,239.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	126,380.	<b>12</b>	135,995.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	49,364.	<b>15</b>	49,364.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	6,399,884.	<b>16</b>	7,452,826.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	284,641.	<b>17</b>	413,248.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	265,517.	<b>25</b>	236,870.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	550,158.	<b>26</b>	650,118.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	5,849,726.	<b>27</b>	6,802,708.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	5,849,726.	<b>33</b>	6,802,708.	
<b>34</b> Total liabilities and net assets/fund balances .....	6,399,884.	<b>34</b>	7,452,826.	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,719,503.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,908,022.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	811,481.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,849,726.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	141,501.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,802,708.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,747,287.	5,600,036.	5,954,293.	6,224,198.	6,640,162.	30,165,976.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	5,747,287.	5,600,036.	5,954,293.	6,224,198.	6,640,162.	30,165,976.
<b>5</b> 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) .....						26,360.
<b>6 Public support.</b> Subtract line 5 from line 4.						30,139,616.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	5,747,287.	5,600,036.	5,954,293.	6,224,198.	6,640,162.	30,165,976.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	127,160.	123,135.	108,915.	135,944.	166,116.	661,270.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,627.	20.	3,103.	891.	209.	6,850.
<b>11 Total support.</b> Add lines 7 through 10						30,834,096.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.75 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	97.62 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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 A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(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.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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 supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**BUSINESS EXECUTIVES FOR NATIONAL**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

BUSINESS EXECUTIVES FOR NATIONAL

Part VI Supplemental Information. 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.)

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2016

Open to Public Inspection

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

Name of the organization BUSINESS EXECUTIVES FOR NATIONAL SECURITY Employer identification number 52-1271179

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.



**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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) DEFERRED RENT ABATEMENT	236,870.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	236,870.

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

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	7,278,086.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	141,501.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	417,082.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	558,583.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	6,719,503.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	6,719,503.

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	6,325,104.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	417,082.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	417,082.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	5,908,022.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	5,908,022.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

FOR THE YEAR ENDED DECEMBER 31, 2016, BENS HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B. 417,082.

**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 417,082.  
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII,  
LINE 8B.



**BUSINESS EXECUTIVES FOR NATIONAL**

**Part II 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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DC DINNER (event type)	NY DINNER (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	802,750.	865,050.		1,667,800.
	<b>2</b> Less: Contributions .....	641,050.	673,050.		1,314,100.
	<b>3</b> Gross income (line 1 minus line 2) .....	161,700.	192,000.		353,700.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	117,877.	225,800.		343,677.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	32,345.	41,060.		73,405.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				417,082.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-63,382.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **BUSINESS EXECUTIVES FOR NATIONAL SECURITY** Employer identification number **52-1271179**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NORTON SCHWARTZ PRESIDENT & CEO	(i)	401,192.	31,000.	0.	10,600.	30,832.	473,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HENRY HINTON COO & SECRETARY	(i)	178,440.	5,490.	0.	6,466.	22,565.	212,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEVEN W. LOWE CFO & TREASURER	(i)	130,176.	2,500.	0.	5,165.	25,636.	163,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TOM "GUY" COSENTINO EXEC. VICE PRESIDENT	(i)	177,177.	1,000.	0.	7,114.	8,150.	193,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GENEVIEVE MOONIS SR. VICE PRESIDENT	(i)	125,194.	5,050.	0.	5,809.	29,026.	165,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SUSAN MAYBAUMWISNIEWSKI SR. VICE PRESIDENT	(i)	133,380.	2,600.	0.	5,311.	21,749.	163,040.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATHERINE KENNING REGIONAL DIRECTOR	(i)	133,723.	2,500.	0.	5,433.	10,992.	152,648.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEBORAH MCCARTHY VICE PRESIDENT	(i)	130,590.	4,950.	0.	0.	20,550.	156,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

THE FOLLOWING INDIVIDUALS RECEIVED BONUS COMPENSATION:

NORTON SCHWARTZ 31,000

HENRY HINTON 5,490

STEVEN LOWE 2,500

TOM COSENTINO 1,000

GENEVIEVE MOONIS 5,050

SUSAN MAYBAUMWISNIEWSKI 2,600

KATERINE KENNING 2,500

DEBORAH MCCARTHY 4,950

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **BUSINESS EXECUTIVES FOR NATIONAL SECURITY** Employer identification number **52-1271179**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	155,528.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( EVENT COSTS )	X	7	47,441.FMV	
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS HAVE BEEN REPORTED ON PART I, COLUMN B.

Multiple horizontal lines for data entry.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

Employer identification number  
**52-1271179**

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE CFO, CEO, COO, OUTSIDE LEGAL COUNSEL, RMTG (CPA), AND WITH THE AUDIT COMMITTEE. A FINAL COPY OF THE 990 WAS SENT TO THE ENTIRE BOARD BEFORE FILING.

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

A COPY OF THE CONFLICT OF INTEREST POLICY IS REVIEWED AND FOLLOWED BY ALL DIRECTORS, EMPLOYEES, AND OFFICERS. UNDER THE CONFLICT OF INTEREST RULES DESCRIBED IN THE BENS BYLAWS AND IN ITS EMPLOYEE HANDBOOK, AFFECTED PERSONS ARE REQUIRED TO AFFIRMATIVELY DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO A CONFLICT, NOT JUST ANNUALLY, BUT AT THE VERY TIME THE PERSON BECOMES AWARE THAT A POTENTIAL CONFLICT ARISES. ALL DIRECTORS ARE REMINDED OF THE ORGANIZATION'S CONFLICT OF INTEREST AT EACH MEETING OF THE BOARD. IN ADDITION, BEFORE ANY PROJECT IS UNDERTAKEN WITH U.S. GOVERNMENT PARTNERS, BENS MEMBERS AND STAFF WORKING ON THE PROJECT ARE REMINDED IN WRITING OF THE BENS CONFLICT OF INTEREST REQUIREMENTS. SENIOR BENS STAFF REGULARLY MONITOR PROJECTS AND ACTIVITIES TO HELP FURTHER AVOID ANY POTENTIAL CONFLICT OF INTEREST SITUATIONS. THE SECRETARY OF THE BENS BOARD OF DIRECTORS RECEIVES REPORTS OF POTENTIAL CONFLICTS OF INTEREST AND, AFTER REVIEWING AND CONSULTING WITH THE CHAIR OF THE GOVERNANCE COMMITTEE, DETERMINES APPROPRIATE ACTION. ALL BOARD MEMBERS AND STAFF SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.

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

THE EXECUTIVE COMMITTEE, WHOSE MEMBERS ARE CURRENT OR RETIRED SENIOR

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization <b>BUSINESS EXECUTIVES FOR NATIONAL SECURITY</b>	Employer identification number <b>52-1271179</b>
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BUSINESS EXECUTIVES WHO SIT ON NUMEROUS NONPROFIT BOARDS, DETERMINES THE INITIAL SALARY AND ANY RAISES OR BONUSES FOR THE CEO. THIS DETERMINATION INCLUDES USE OF COMPARABLE SALARY AND DECISIONS ARE DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES. THE LAST COMPENSATION REVIEW OF THE CEO TOOK PLACE IN JANUARY 2017.

THE CFO/TREASURER MAINTAINS A VARIETY OF NONPROFIT SALARY SURVEYS (INCLUDING ASAE), WHICH ARE USED BY THE CEO AND COO IN DETERMINING STAFF SALARIES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT  
VA, WV, WI, MN

FORM 990, PART VI, SECTION C, LINE 19:  
THE ORGANIZATION'S ARTICLES OF INCORPORATION, BYLAWS (INCLUDING DISCLOSURE OF CONFLICTS OF INTEREST - ARTICLE 3, SECTION 16), DONOR PRIVACY POLICY, AND FINANCIAL STATEMENTS ARE POSTED ON THE BENS WEBSITE (WWW.BENS.ORG).

FORM 990, PART VI, SECTION C, LINE 18:  
THE ORGANIZATION POSTS ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS ON THE BENS WEBSITE.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**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 Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>BUSINESS EXECUTIVES FOR NATIONAL SECURITY</b>	Employer identification number (EIN) or  <b>52-1271179</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1030 15TH STREET, NW, NO. 200 E</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20005</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STEVEN W. LOWE**

• The books are in the care of ▶ **1030 15TH STREET, SUITE 200E - WASHINGTON, DC 20005**  
Telephone No. ▶ **(202) 296-2125** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2016** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

# 2016 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2016

<b>Prepared for</b>	BUSINESS EXECUTIVES FOR NATIONAL SECURITY 1030 15TH STREET, NW NO. 200 E WASHINGTON, DC 20005
<b>Prepared by</b>	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
<b>To be signed and dated by</b>	NOT APPLICABLE
<b>Amount of tax</b>	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
<b>Overpayment</b>	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE FTB, AND NO FURTHER ACTION IS REQUIRED. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	

# California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) \_\_\_\_\_, and ending (mm/dd/yyyy) \_\_\_\_\_

Corporation/Organization name  
**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

California corporation number  
**1296428**

Additional information. See instructions.  
FEIN  
**52-1271179**

Street address (suite or room)  
**1030 15TH STREET, NW, NO. 200 E**

City  
**WASHINGTON**

State  
**DC**

ZIP code  
**20005**

Foreign country name \_\_\_\_\_ Foreign province/state/country \_\_\_\_\_ Foreign postal code \_\_\_\_\_

**A** First Return  Yes  No

**B** Amended Return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final Information Return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy) \_\_\_\_\_

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990-PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name? \_\_\_\_\_

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$ \_\_\_\_\_

**L** If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.

**M** Is the organization a Limited Liability Company?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**O** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**P** Is a federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS \_\_\_\_\_

**Part I Complete Part I unless not required to file this form. See General Instructions B and C.**

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,626,444.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	6,640,162.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	9,266,606.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	2,130,021.00
	7	Total costs. Add line 5 and line 6	7	2,130,021.00
	8	Total gross income. Subtract line 7 from line 4	8	7,136,585.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	6,325,104.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	811,481.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	N/A 00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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

**Sign Here**  
Signature of officer **TREASURER/CFO** Title Date \_\_\_\_\_  
Date \_\_\_\_\_ Telephone (202) 296-2125

**Paid Preparer's Use Only**  
Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed   
Firm's name (or yours, if self-employed) and address **GELMAN, ROSENBERG & FREEDMAN**  
**4550 MONTGOMERY AVE SUITE 650N**  
**BETHESDA, MD 20814-2930**  
PTIN P01329561  
FEIN 52-1392008  
Telephone (301) 951-9090

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

52-1271179

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.**

628951 11-30-16

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	353,700.00	
	2	Interest	•	2	166,116.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions) <b>STATEMENT 3</b>	•	6	2,106,419.00	
	7	Other income <b>SEE STATEMENT 4</b>	•	7	209.00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,626,444.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 5</b>	•	11	850,062.00	
	12	Other salaries and wages	•	12	2,548,840.00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	00
		14	Taxes	•	14	216,111.00
		15	Rents	•	15	714,981.00
		16	Depreciation and depletion (See instructions)	•	16	10,969.00
		17	Other Expenses and Disbursements <b>SEE STATEMENT 6</b>	•	17	1,984,141.00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	6,325,104.00

	Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)	(e)	(f)
<b>Assets</b>						
1 Cash		2,121,704.		•	2,631,021.	
2 Net accounts receivable		117,471.		•	127,324.	
3 Net notes receivable				•		
4 Inventories				•		
5 Federal and state government obligations				•		
6 Investments in other bonds				•		
7 Investments in stock				•		
8 Mortgage loans				•		
9 Other investments <b>STMT 7</b>		3,964,489.		•	4,478,234.	
10 a Depreciable assets	258,694.		283,235.			
b Less accumulated depreciation	( 238,515. )	20,179.	( 249,487. )		33,748.	
11 Land				•		
12 Other assets <b>STMT 8</b>		176,041.		•	182,499.	
13 <b>Total assets</b>		6,399,884.			7,452,826.	
<b>Liabilities and net worth</b>						
14 Accounts payable		284,641.		•	413,248.	
15 Contributions, gifts, or grants payable				•		
16 Bonds and notes payable				•		
17 Mortgages payable				•		
18 Other liabilities <b>STMT 9</b>		265,517.			236,870.	
19 Capital stock or principal fund				•		
20 Paid-in or capital surplus. Attach reconciliation				•		
21 Retained earnings or income fund		5,849,726.		•	6,802,708.	
22 <b>Total liabilities and net worth</b>		6,399,884.			7,452,826.	

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 952,982.	7	Income recorded on books this year not included in this return. <b>STMT 10</b>	• 141,501.
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	141,501.
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	811,481.
6	Total. Add line 1 through line 5	952,982.			

FORM 199

CASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
NORMAN C. CHAMBERS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	127,097.
FRANK V. SICA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	77,000.
THOMAS F. STEPHENSON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	108,837.
ANTHONY SCARAMUCCI	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	103,580.
BRUCE E. MOSLER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	88,043.
PAUL R. MARCUS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	84,202.
RAPHAEL BENAROYA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	83,800.
MARK S. NEWMAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	81,692.
JOHN K. HURLEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	81,386.
MAURICE R. GREENBERG	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	78,114.
CHARLES E. PHILLIPS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	75,045.
JOSEPH M. DEPINTO	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	75,000.

## BUSINESS EXECUTIVES FOR NATIONAL SECURIT

52-1271179

MARY M. BOIES	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	75,000.
DENIS A. BOVIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	71,134.
HARRIS DIAMOND	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	69,009.
EDWIN A. WAHLEN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	52,805.
JOHN P. MORGRIDGE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,500.
ROBERT S. COHN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	56,358.
JOHN H. STREICKER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	51,000.
DONALD V. SMITH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,664.
WILLIAM J. FLYNN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,640.
CHRISTIAN ANSCHUTZ	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,310.
HARLAN CROW	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,260.
WILLIAM F. MURDY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,075.
CHRISTOPHER M. JAMES	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,000.
DONALD R. DIXON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,000.

## BUSINESS EXECUTIVES FOR NATIONAL SECURIT

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FRANKLIN P. JOHNSON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,000.
G.S. B. GILBERT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,000.
HOWARD E. COX	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,000.
JAMES SHIRA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,000.
JOHN H. BURBANK	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,000.
JONATHAN S. JACOBSON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,000.
MATTHEW E. ZAMES	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,000.
MICHAEL A. PETERSON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,000.
MICHAEL P. GALVIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,000.
STANLEY A. WEISS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50,000.
EZRA S. FIELD	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	45,832.
MARK J. GERENCSEK	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	45,000.
RAMON P. MARKS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	40,266.
DAWN E. SCALICI	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	40,120.

JULIAN SETIAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	39,060.
HEIDI L. STEIGER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	37,352.
ALFRED R. BERKELEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	15,252.
THOMAS M. HOLDER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	35,152.
DIXON DOLL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	35,000.
JARED ISAACMAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	35,000.
CHRISTOPHER C. MELTON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	31,168.
CHRISTOPHER W. COLLINS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
ANONYMOUS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	30,340.
STEPHEN J. SHAPIRO	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	30,250.
ALEXANDER KARP	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	30,000.
ALFRED G. GOLDSTEIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	30,000.
DONALD R. BEALL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	30,000.
STUART B. PARKER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	30,000.

## BUSINESS EXECUTIVES FOR NATIONAL SECURIT

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ROBERT A. BELFER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	29,750.
JOSH S. WESTON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	29,101.
JEFFREY B. STONE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	28,776.
JUSTIN R. DOOLEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	16,145.
PHILIP BILDEN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	27,685.
PATRICIA C. BARRON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	27,586.
FRANK L. BAUER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	27,308.
MARK R. SHENKMAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	27,140.
ARTHUR E. HALL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	27,101.
PAUL F. BALSER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	26,935.
THOMAS J. HIGGINS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	26,509.
RONALD J. GIDWITZ	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	26,500.
ROGER S. SHEDLIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	26,435.
JOHN P. DRISCOLL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	26,000.

## BUSINESS EXECUTIVES FOR NATIONAL SECURIT

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THOMAS F. WHAYNE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,905.
THOMAS E. DOLAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,825.
ALEX SLUSKY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,761.
STEVEN E. DARNELL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,600.
DAVID C. GRAY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,452.
MORTON H. MEYERSON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,450.
GEORGETTE P. MOSBACHER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,444.
GREGORY W. WENDT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,310.
HOWARD H. GRAHAM	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,310.
ELIHU ROSE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,075.
ANGELA M. MESSER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,050.
JAMES R. SCHENCK	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,030.
ALBERT HEGYI	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
ANDREW W. EVANS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.

BRENT PHILLIPS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
BRUCE N. WHITMAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
CHARLES H. ROBBINS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
CHARLES M. FARKAS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
DAVID P. STORCH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
DAVID PREISER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
DENNIS MEHIEL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
DUNCAN A. MACLEAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
EDWARD J. WEHMER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
EDWIN M. KANIA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
ERIC D. SCHLAGER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
ERIC SCHMIDT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
FREDERICK H. WADDELL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
IVAN SCHLAGER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.

JAMES C. MORGAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
JOHN A. CATSIMATIDIS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
JOHN P. DEBLASIO	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
JOHN R. MUSE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
KENNETH FISHER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
MARK A. CHANCY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
MARK D. MCLAUGHLIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
MARK MCNULTY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
MICHAEL LOUGHLIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
RICHARD S. HOLSON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
ROBERT M. CHAMBERLAIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
ROSS PEROT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
STEPHEN J. LUCZO	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
T. WILLIAM ROBERTS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.

## BUSINESS EXECUTIVES FOR NATIONAL SECURIT

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THOMAS FITZGERALD	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
THOMAS J. DESIMONE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
THOMAS M. GALIZIA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
WILLIAM J. CAMPBELL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
WILLIAM T. COLEMAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	25,000.
LESLIE R. SIBERT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	24,126.
CHARLES L. JARVIE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	21,226.
HERALD L. RITCH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	20,335.
PETER KIMMELMAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	20,145.
CAROL B. TOM	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	20,000.
JOHN W. KEKER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	20,000.
JENNIFER N. PRITZKER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	19,622.
JOHN D. SNODGRASS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	7,174.
LEONARD M. HARLAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	16,225.

## BUSINESS EXECUTIVES FOR NATIONAL SECURIT

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JOSEPH B. ROSE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	15,075.
DAVID A. CHRISTIAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	15,000.
DWAIN R. GADWAY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	15,000.
DUANE C. PRESTEN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	13,435.
THOMAS L. POSEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	13,045.
EDWARD U. MILLER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	12,811.
DAN LIEBLICH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	12,500.
MICHAEL R. COTE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	12,500.
SHAWN JUSTICE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	12,500.
EVAN B. SINGER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	12,335.
RICHARD M. BERKELEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	12,267.
JAMES C. COOKSEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	11,676.
LEON HERTZ	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	11,425.
JAMES CROSS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	11,169.

## BUSINESS EXECUTIVES FOR NATIONAL SECURIT

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JEFFREY WEISS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	11,090.
WILLIAM C. KUNKLER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	11,079.
MARION CAMERON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,850.
ANDY PUZDER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,785.
GREG W. LEVENSON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,785.
DARCY G. ANDERSON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,760.
TODD J. STEIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,677.
ROBERT M. BRINSON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,649.
JONATHAN E. LEWIS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,499.
JAMES M. MCGARRAH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,443.
DAVID SHAFFER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,390.
JAMES D. DONDERO	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,380.
MARSHALL F. CAMPBELL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,352.
ALAN M. SILBERSTEIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,345.

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TIMOTHY R. ELLER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,290.
SCOTT S. JOHNSON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,284.
ENZO VISCUSI	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,270.
RICHARD C. COPE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,245.
STEPHEN FERRARO	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,240.
DANIEL H. MUDD	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,225.
PETE DORDAL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,207.
PAUL L. DAVIES	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,195.
JOSEPH R. ALPERT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	50.
JOHN R. THOMAS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,150.
NELSON M. FORD	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,110.
ROGER T. STAUBACH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,100.
J. KYLE BASS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,095.
JOSHUA HARLAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,075.

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PAMELA J. NEWMAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,075.
STEPHEN POWELL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,045.
PAUL J. BAIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,036.
GUY FILIPPELLI	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,030.
ALFRED GRASSO	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
BERNARD MARCUS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
CHRIS C. RIEDEL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
DAVID J. GRAIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
EDWARD F. DAVIS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
EDWARD J. BENZ	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
GEORGE H. GILMORE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
GREG GILLAS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
JEFFREY L. BLEICH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
JOSEPH J. PLUMERI	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.

LORI HENNON-BELL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
MALCOLM H. WIENER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
MUNEER SATTER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
NORMAN R. AUGUSTINE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
PAUL KOLBE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
PAUL MADERA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
PAUL R. GARCIA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
PETER CHUNG	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
PETER L. BLOOM	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
PEYTON M. LAKE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
RAANAN HOROWITZ	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
REUBEN JEFFERY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
RICHARD W. HUNT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
ROBERT R. MCCOMSEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.

## BUSINESS EXECUTIVES FOR NATIONAL SECURIT

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ROGER A. SWINFORD	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
SIDNEY E. GOODFRIEND	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
TODD BERGER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
WENDELL WEEKS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	10,000.
SEAN S. MURPHY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	8,755.
BRYAN C. TATE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	8,202.
ANDREW B. HERSH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	7,910.
F.M. WILEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	7,854.
WILLIAM M. CHOATE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	7,722.
JANE STOUT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	7,707.
ALEXANDER C. LADAGE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	7,700.
EFREM ZIMBALIST	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	7,693.
J. BRIAN JOHNSTONE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	7,668.
JOHN T. CORCIA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	7,550.

JOEL SCHLEICHER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	7,500.
JAMES C. DEAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	7,091.
RAYMOND R. ONEGLIA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	7,035.
FRANCIS BEIDLER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	7,000.
JAMES SMITH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,742.
DAVID G. LINDSAY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,584.
FRANK J. WALTER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,530.
JOSEPH S. SCHNEIDER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,500.
DAVID J. GOLDRING	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,425.
BRENT DE JONG	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,350.
TODD M. ROSENBLUM	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,301.
ANDREW J. STULL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,199.
MEREDITH M. WALKER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,190.
PAUL J. MURPHY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,177.

ALEKSANDR YAMPOLSKIY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,150.
CHRISTOPHER W. BRODY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,075.
ROBERT P. WRIGHT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,036.
NICHOLAS BUCK	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,030.
STEPHEN M. RYAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,030.
CHRISTINA LURIE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,000.
PETER L. MALKIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,000.
RODERICK K. VON LIPSEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,000.
TIMOTHY R. MASLUK	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	6,000.
DAVID BERNARD	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,951.
RICHARD MURRELL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,944.
DANIEL J. FICCO	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,838.
JEFFREY K. TUCKER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,835.
KIRSTEN TRUSKO	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,815.

JENNIFER S. PAQUETTE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,744.
GREGORY M. COOPER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,662.
EDWARD T. REILLY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,660.
BRIAN W. KELLY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,650.
JOSEPH V. DEMARCO	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,650.
SCOTT KING	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,650.
BILL BANTA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,600.
SCOTT G. DRACH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,600.
DAVID A. CROW	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,581.
R. DANIEL BOTSCH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,575.
A. MICHAEL HAINSFURTHER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,550.
RICHARD A. LETHIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,545.
DAVID L. BRIDGES	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,532.
THOMAS C. BARRON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,525.

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JOSEPH MAGUIRE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,500.
C. DAVID CHAMBLESS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,468.
NANCY E. WHARTON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,465.
MITZI L. HILL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,462.
BENJAMIN BLUMENTHAL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,450.
KARIN HIRTLER-GARVEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,435.
JAMES ERBEN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,415.
COLLEEN M. AFFELDT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,400.
LARRY L. ALEXANDER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,400.
WILLIS G. RYCKMAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,360.
TREVOR BLUMENAU	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,350.
LAUREN BEDULA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,350.
DAVID T. SAWYER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,347.
RONALD P. SCHUTZ	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,345.

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JOSEPH R. ROLLINS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,340.
TODD M. BLAIR	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,340.
DANIEL WALLANCE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,324.
JIM MONTAGNINO	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,324.
MICHAEL HOPMEIER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,324.
WILLIAM E. LOVETT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,309.
ALEC J. D'CRUZ	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,300.
STEPHEN T. SARGEANT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,294.
DAVID A. MCDONALD	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,252.
G. BRADFORD BULKLEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,250.
CHARLES DENYER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,234.
SUZANNE KELLY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,227.
PAUL GABRIK	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,225.
SHEILA BAIRD	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,225.

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JOSEPH W. CHAPMAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,219.
MICHAEL D. HANKIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,207.
JOHN MARRINUCCI	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,200.
ROBERT JOHNSON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,200.
STEVEN W. NOVAK	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,200.
WILLIAM H. VAN PELT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,200.
CONNIE L. ENGEL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,198.
CHUCK ALLEN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,190.
JOHN J. HUNTZ	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,184.
JOHN M. DOWD	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,180.
MALVERN U. GRIFFIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,180.
NEIL A. MITCHELL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,175.
DIDIER R. MARTIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,174.
ALLEN GILMER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,150.

DIRK P. MOSIS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,150.
LOUIS W. BREMER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,150.
SKIP J. VISH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,150.
CHARLES N. CONE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,145.
WILLIAM A. LOBB	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	90.
KEENER GILL	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,135.
DONALD R. HARKLEROAD	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,132.
MARTIN LONG	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,132.
MICHAEL S. QUINLAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,130.
MICHAEL A. BOHLING	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,129.
STEPHEN R. HENNESSY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,110.
CHARLES B. BREWER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,100.
MICHAEL FRANSEN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,100.
THOMAS C. WASHMON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,100.

WILLIAM OBENSHAIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,100.
RICHARD CANGEMI	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,095.
CHARLES H. MANN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,090.
VERNON E. GOOGE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,090.
DAVID L. MATHUS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,075.
DAVID R. PELIZZON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,075.
J. STANLEY POTTINGER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,075.
STEPHEN H. BAUM	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,075.
WILLIAM I. MORTON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,075.
KENNETH A. NAPIER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,066.
DOUGLAS KITANI	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,060.
J. SCOTT HEFTER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,060.
ALEXANDER J. BUEHLER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,050.
THURBERT E. BAKER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,050.

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CINDY LAQUIDARA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,045.
DAVID H. DORTON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,045.
GREGORY D. SMITH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,045.
PETER J. TURECEK	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,035.
FRANCIS A. FINELLI	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,030.
MATTHEW P. LAWLOR	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,030.
SHERIF WAHBY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,030.
GEORGE MESSNER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,025.
ADAM GOLODNER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
ANTONIO M. GOTTO	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
BEN BEESON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
BRUCE E. DE'MEDICI	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
CHRISTOPHER G. MUMFORD	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
CLARK BRINER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.

CLINTON R. DALY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
DAVID E. ZYER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
DON CROW	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
ELLEN GOLDSMITH-VEIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
F. E. GOETZ	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
GARY R. PASTERNAK	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
GORDON R. ENGLAND	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
GRANT G. BEHRMAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
JAMES GIDWITZ	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
JAY M. DAVIS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
JEFFREY M. FRIENT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
JOEL M. FRIEDMAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
JOHN D. EDELMAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
JOHN DE SANTIS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.

JOHN FENWICK	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
JOHN GEIRINGER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
JOHN MCCARTNEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
JOHN W. ROWE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
JOSEPH H. MOGLIA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
KAREN M. BARTUCH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
KATHLEEN L. KIERNAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
KEIKO MCKIBBEN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
KELLEN E. GIUDA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
KENNETH F. MOUNTCASTLE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
KURT MISCINSKI	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
LARS BUTTLER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
MARK HUHDORFF	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
MARK TESTONI	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.

MARNE OBERNAUER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
MICHAEL A. LIBERTY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
MICHAEL GORDON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
MICHAEL H. MOSKOW	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
MICHAEL POLACEK	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
NICHOLAS E. CALIO	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
NICHOLAS FINK	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
PATRICK W. GROSS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
PAUL A. BRINKLEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
PAUL W. BUTLER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
PAULA D. BALSER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
PETER A. BOWE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
PHILIP FRIEDMANN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
RAJ SHAH	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.

RAYMOND V. PADRN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
REGINALD E. DAVIS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
RENO ALBERTO	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
RICHARD A. SIMON	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
RICHARD FANT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
RICHARD M. ROSENBERG	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
RICHARD W. PORTER	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
ROBERT A. GOODIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
ROBERT ARTHUR	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
ROBERT C. HAGERTY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
RUSSELL A. POST	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
STEPHEN T. LOPES	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
STEVE BROWN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
STEVEN B. BORKAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.

BUSINESS EXECUTIVES FOR NATIONAL SECURIT

52-1271179

T. C. WORKMAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
THOMAS E. NOONAN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
WALTER P. HAVENSTEIN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005	12/31/16	5,000.
TOTAL INCLUDED ON LINE 3			<u>6,509,982.</u>

FORM 199

NONCASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 2

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
FRANK V. SICA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
1000 SHARES OF PENUMBRA, INC.	12/31/16	125,000.	48,000.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
PAUL R. MARCUS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
MEETING SUPPLIES	12/31/16	87,091.	2,889.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
EDWIN A. WAHLEN	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
MEETING SUPPLIES	12/31/16	68,205.	15,400.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
JOHN P. MORGRIDGE	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
MEETING SUPPLIES	12/31/16	58,906.	8,406.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
JEFFREY P. BEZOS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
64 SHARES OF AMAZON.COM, INC.	12/31/16	49,313.	49,313.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
ALFRED R. BERKELEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
1000 SHARES OF REALPAGE, INC.	12/31/16	35,775.	20,523.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
CHRISTOPHER W. COLLINS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
MEETING SUPPLIES	12/31/16	30,397.	5,397.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
JUSTIN R. DOOLEY	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
175 SHARES OF WORKDAY INC.	12/31/16	28,161.	12,016.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
JOHN D. SNODGRASS	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
MEETING SUPPLIES	12/31/16	18,558.	11,384.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
JOSEPH R. ALPERT	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
102 SHARES OF EAGLE MATERIALS, INC.	12/31/16	10,171.	10,121.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
GERARD J. O'MEARA	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
95 SHARES OF SUNTRUST BKS, INC.	12/31/16	5,237.	5,237.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
WILLIAM A. LOBB	C/O BENS, 1030 15TH STREET, NW, SUITE 200 EAST WASHINGTON, DC 20005		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>TOTAL AMOUNT</u>	<u>FMV OF GIFT</u>
50 SHARES OF DANAHER CORP DEL COM	12/31/16	5,140.	5,050.

TOTAL INCLUDED ON LINE 3			<u>193,736.</u>
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FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 3

DESCRIPTION	DATE	DATE	METHOD	GROSS
	ACQUIRED	SOLD	ACQUIRED	
SALE OF SECURITES			PURCHASED	
	COST OR	DEPREC.	EXPENSE	GROSS
	OTHER BASIS		OF SALE	SALES PRICE
	2,130,021.	0.	0.	2,106,419.
TOTAL TO FORM 199, PAGE 2, LN 6	2,130,021.	0.	0.	2,106,419.

FORM 199 OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
MISCELLANEOUS REVENUE	209.
TOTAL TO FORM 199, PART II, LINE 7	209.

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**FORM 199            COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES            STATEMENT    5**

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<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
BRUCE E. MOSLER 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	CHAIRMAN 2.00	0.
RAPHAEL BENAROYA 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	VICE CHAIRMAN 0.20	0.
MARY M. BOIES 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	VICE CHAIRMAN 0.20	0.
DENIS A. BOVIN 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	VICE CHAIRMAN 0.20	0.
RAMON P. MARKS 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	VICE CHAIRMAN 0.20	0.
WILLIAM F. MURDY 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	VICE CHAIRMAN 0.20	0.
PATRICIA C. BARRON 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
ALFRED R. BERKELEY 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
NORMAN C. CHAMBERS 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
HOWARD E. COX 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
JOSEPH M. DEPINTO 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.

HARRIS DIAMOND 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
DONALD R. DIXON 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
EZRA S. FIELD 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
KENNETH FISHER 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
WILLIAM J. FLYNN 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
MICHAEL P. GALVIN 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
MARK J. GERENCSEK 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
RONALD J. GIDWITZ 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
G.S. B. GILBERT 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
MAURICE R. GREENBERG 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
THOMAS J. HIGGINS 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
THOMAS M. HOLDER 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
JOHN K. HURLEY 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.

PAUL R. MARCUS 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
JAMIE D. MCCOURT 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
CHRISTOPHER C. MELTON 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
JOHN P. MORGRIDGE 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
MARK S. NEWMAN 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
CHARLES E. PHILLIPS 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
ANTHONY SCARAMUCCI 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
STEPHEN J. SHAPIRO 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
ROGER S. SHEDLIN 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
JAMES SHIRA 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
FRANK V. SICA 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
DONALD V. SMITH 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
HEIDI L. STEIGER 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.

BUSINESS EXECUTIVES FOR NATIONAL SECURIT

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THOMAS F. STEPHENSON 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
JOHN H. STREICKER 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
FRANCES F. TOWNSEND 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
EDWIN A. WAHLEN 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
BRUCE N. WHITMAN 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
MATTHEW E. ZAMES 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	BOARD MEMBER 0.20	0.
NORTON SCHWARTZ 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	PRESIDENT & CEO 40.00	473,624.
HENRY HINTON 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	COO & SECRETARY 40.00	212,961.
STEVEN W. LOWE 1030 15TH STREET, NW, NO. 200 E WASHINGTON, DC 20005	CFO & TREASURER 40.00	163,477.
TOTAL TO FORM 199, PART II, LINE 11		850,062.

FORM 199	OTHER EXPENSES	STATEMENT	6
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DESCRIPTION	AMOUNT
CREDIT CARD PROCESSING	47,842.
REPAIRS & MAINTENANCE	34,393.
DUES AND SUBSCRIPTIONS	29,172.
EMPLOYEE DEVELOPMENT	3,187.
DIRECT EXPENSES OF FUNDRAISING EVENTS	417,082.
PENSION PLAN CONTRIBUTIONS	78,791.
OTHER EMPLOYEE BENEFITS	356,745.
LEGAL FEES	28,252.

ACCOUNTING FEES	19,509.
INVESTMENT MANAGEMENT FEES	39,611.
OTHER PROFESSIONAL FEES	138,156.
ADVERTISING AND PROMOTION	500.
OFFICE EXPENSES	232,020.
INFORMATION TECHNOLOGY	10,112.
TRAVEL	100,138.
CONFERENCES AND CONVENTIONS	419,331.
INSURANCE	28,137.
ALL OTHER EXPENSES	1,163.
TOTAL TO FORM 199, PART II, LINE 17	1,984,141.

FORM 199	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PUBLICLY TRADED SECURITIES	3,838,109.	4,342,239.	
INSURANCE CONTRACT	126,380.	135,995.	
TOTAL TO FORM 199, SCHEDULE L, LINE 9	3,964,489.	4,478,234.	

FORM 199	OTHER ASSETS	STATEMENT	8
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PREPAID EXPENSES AND DEFERRED CHARGES	126,677.	133,135.	
DEPOSITS	49,364.	49,364.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	176,041.	182,499.	

FORM 199	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
DEFERRED RENT ABATEMENT	265,517.	236,870.	
TOTAL TO FORM 199, SCHEDULE L, LINE 18	265,517.	236,870.	

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FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 10
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DESCRIPTIONAMOUNT

UNREALIZED GAIN

141,501.

TOTAL TO FORM 199, SCHEDULE M-1, LINE 7

141,501.

TAXABLE YEAR  
**2016**

**California e-file Return Authorization for Exempt Organizations**

FORM  
**8453-EO**

Exempt Organization name <b>BUSINESS EXECUTIVES FOR NATIONAL SECURITY</b>	Identifying number <b>52-1271179</b>
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**Part I Electronic Return Information** (whole dollars only)

<b>1</b> Total gross receipts (Form 199, line 4)	<b>1</b> <u>9,266,606.00</u>
<b>2</b> Total gross income (Form 199, line 8)	<b>2</b> <u>7,136,585.00</u>
<b>3</b> Total expenses and disbursements (Form 199, line 9)	<b>3</b> <u>6,325,104.00</u>

**Part II Settle Your Account Electronically for Taxable Year 2016**

<b>4</b> <input type="checkbox"/> Electronic funds withdrawal	<b>4a</b> Amount	<b>4b</b> Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

<b>5</b> Routing number _____	<b>7</b> Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>6</b> Account number _____	

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

**Sign Here**           \_\_\_\_\_      **TREASURER / CFO**  
Signature of officer      Date      Title

**Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b> <b>Must Sign</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
	Firm's name (or yours if self-employed) and address				FEIN
	<b>GELMAN, ROSENBERG &amp; FREEDMAN</b>				<b>52-1392008</b>
	<b>4550 MONTGOMERY AVE SUITE 650N</b>				ZIP code
	<b>BETHESDA, MD</b>				<b>20814-2930</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b> <b>Must Sign</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
	Firm's name (or yours if self-employed) and address			FEIN
	<b>GELMAN, ROSENBERG &amp; FREEDMAN</b>			<b>52-1392008</b>
	<b>4550 MONTGOMERY AVE SUITE 650N</b>			ZIP code
	<b>BETHESDA, MD</b>			<b>20814-2930</b>

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING  
DECEMBER 31, 2016

<b>Prepared for</b>	BUSINESS EXECUTIVES FOR NATIONAL SECURITY 1030 15TH STREET, NW NO. 200 E WASHINGTON, DC 20005
<b>Prepared by</b>	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
<b>Amount due or refund</b>	BALANCE DUE OF \$150.00
<b>Make check payable to</b>	ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS
<b>Mail tax return and check (if applicable) to</b>	REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
<b>Return must be mailed on or before</b>	PLEASE MAIL AS SOON AS POSSIBLE.
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

MAIL TO:  
 Registry of Charitable Trusts  
 P.O. Box 903447  
 Sacramento, CA 94203-4470  
 Telephone: (916) 445-2021

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

**ANNUAL  
 REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: <u>CT 111173</u>  <b>BUSINESS EXECUTIVES FOR NATIONAL SECURITY</b> <small>Name of Organization</small>  <u>1030 15TH STREET, NW, NO. 200 E</u> <small>Address (Number and Street)</small>  <u>WASHINGTON, DC 20005</u> <small>City or Town, State and ZIP Code</small>	<b>Check if:</b> <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report  Corporate or Organization No. <u>1296428</u>  Federal Employer I.D. No. <u>52-1271179</u>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)**  
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2016 ending 12/31/2016 ) list:  
 Gross annual revenue \$ 6,719,503. Total assets \$ 7,452,826.

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note:** If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (202) 296-2125

Organization's e-mail address BENS@BENS.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

**STEVEN W. LOWE**

**TREASURER/CFO**

Signature of authorized officer

Printed Name

Title

Date

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**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 Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>BUSINESS EXECUTIVES FOR NATIONAL SECURITY</b>	Employer identification number (EIN) or  <b>52-1271179</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1030 15TH STREET, NW, NO. 200 E</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20005</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STEVEN W. LOWE**

• The books are in the care of ▶ **1030 15TH STREET, SUITE 200E - WASHINGTON, DC 20005**  
Telephone No. ▶ **(202) 296-2125** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2016** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>BUSINESS EXECUTIVES FOR NATIONAL SECURITY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1030 15TH STREET, NW 200 E</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20005</b> <b>F Name and address of principal officer: NORTON A. SCHWARTZ</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>52-1271179</b> <b>E Telephone number</b> <b>(202) 296-2125</b> <b>G Gross receipts \$ 9,266,606.</b> <b>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</b> <b>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> If "No," attach a list. (see instructions) <b>H(c) Group exemption number ▶</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website: ▶ WWW.BENS.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation: 1982</b>
<b>M State of legal domicile: DC</b>		

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE PART III, LINE 1.</u>	
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	3 43
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	4 43
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) .....	5 41
	<b>6</b> Total number of volunteers (estimate if necessary) .....	6 235
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	7a 0.
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	7b 0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year 6,224,198. Current Year 6,640,162.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0. 0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	265,479. 142,514.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-82,848. -63,173.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	6,406,829. 6,719,503.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0. 0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	3,736,259. 4,050,549.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	0. 0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>825,659.</u>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	1,835,211. 1,857,473.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	5,571,470. 5,908,022.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	835,359. 811,481.
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year 6,399,884. End of Year 7,452,826.
	<b>21</b> Total liabilities (Part X, line 26) .....	550,158. 650,118.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	5,849,726. 6,802,708.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>STEVEN W. LOWE, TREASURER/CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMES LARSON, CPA</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P01329561</b>
	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b> Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930</b>	Firm's EIN ▶ <b>52-1392008</b> Phone no. (301) 951-9090

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO APPLY BEST BUSINESS PRACTICES TO ADDRESS THE NATION'S MOST PRESSING SECURITY CHALLENGES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,228,159. including grants of \$ ) (Revenue \$ ) MEETINGS PROGRAM - EVENTS AND MEETINGS HELD TO STIMULATE MEMBER ENGAGEMENT, EDUCATE OUR CLIENTS, AND ASSIST IN EXPANDING OUR PROJECTS.

4b (Code: ) (Expenses \$ 2,167,009. including grants of \$ ) (Revenue \$ ) POLICY DEVELOPMENT AND IMPLEMENTATION - PROMOTING INITIATIVES THAT WILL MAKE OUR COUNTRY MORE SECURE THROUGH NON-PARTISAN EDUCATION EFFORTS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,395,168.

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 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 "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 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> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>4b</b>	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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <span style="float:right">N/A</span>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? <span style="float:right">N/A</span>		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <span style="float:right">N/A</span>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">N/A</span>		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders <span style="float:right">N/A</span>		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">N/A</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <span style="float:right">N/A</span> <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	43		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent .....	<b>1b</b>	43		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>		<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	<b>9</b>			<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
**STEVEN W. LOWE - (202)296-2125**  
**1030 15TH STREET, SUITE 200E, WASHINGTON, DC 20005**

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE E. MOSLER CHAIRMAN	2.00	X		X				0.	0.	0.
(2) RAPHAEL BENAROYA VICE CHAIRMAN	0.20	X		X				0.	0.	0.
(3) MARY M. BOIES VICE CHAIRMAN	0.20	X		X				0.	0.	0.
(4) DENIS A. BOVIN VICE CHAIRMAN	0.20	X		X				0.	0.	0.
(5) RAMON P. MARKS VICE CHAIRMAN	0.20	X		X				0.	0.	0.
(6) WILLIAM F. MURDY VICE CHAIRMAN	0.20	X		X				0.	0.	0.
(7) PATRICIA C. BARRON BOARD MEMBER	0.20	X						0.	0.	0.
(8) ALFRED R. BERKELEY BOARD MEMBER	0.20	X						0.	0.	0.
(9) NORMAN C. CHAMBERS BOARD MEMBER	0.20	X						0.	0.	0.
(10) HOWARD E. COX BOARD MEMBER	0.20	X						0.	0.	0.
(11) JOSEPH M. DEPINTO BOARD MEMBER	0.20	X						0.	0.	0.
(12) HARRIS DIAMOND BOARD MEMBER	0.20	X						0.	0.	0.
(13) DONALD R. DIXON BOARD MEMBER	0.20	X						0.	0.	0.
(14) EZRA S. FIELD BOARD MEMBER	0.20	X						0.	0.	0.
(15) KENNETH FISHER BOARD MEMBER	0.20	X						0.	0.	0.
(16) WILLIAM J. FLYNN BOARD MEMBER	0.20	X						0.	0.	0.
(17) MICHAEL P. GALVIN BOARD MEMBER	0.20	X						0.	0.	0.

**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK J. GERENCSEK BOARD MEMBER	0.20	X					0.	0.	0.	
(19) RONALD J. GIDWITZ BOARD MEMBER	0.20	X					0.	0.	0.	
(20) G.S. B. GILBERT BOARD MEMBER	0.20	X					0.	0.	0.	
(21) MAURICE R. GREENBERG BOARD MEMBER	0.20	X					0.	0.	0.	
(22) THOMAS J. HIGGINS BOARD MEMBER	0.20	X					0.	0.	0.	
(23) THOMAS M. HOLDER BOARD MEMBER	0.20	X					0.	0.	0.	
(24) JOHN K. HURLEY BOARD MEMBER	0.20	X					0.	0.	0.	
(25) PAUL R. MARCUS BOARD MEMBER	0.20	X					0.	0.	0.	
(26) JAMIE D. MCCOURT BOARD MEMBER	0.20	X					0.	0.	0.	
<b>1b Sub-total</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							1,464,962.	0.	215,398.	
<b>d Total (add lines 1b and 1c)</b> .....							1,464,962.	0.	215,398.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**SEE PART VII, SECTION A CONTINUATION SHEETS**

**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

Form 990

52-1271179

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHRISTOPHER C. MELTON BOARD MEMBER	0.20	X					0.	0.	0.	
(28) JOHN P. MORGRIDGE BOARD MEMBER	0.20	X					0.	0.	0.	
(29) MARK S. NEWMAN BOARD MEMBER	0.20	X					0.	0.	0.	
(30) CHARLES E. PHILLIPS BOARD MEMBER	0.20	X					0.	0.	0.	
(31) ANTHONY SCARAMUCCI BOARD MEMBER	0.20	X					0.	0.	0.	
(32) STEPHEN J. SHAPIRO BOARD MEMBER	0.20	X					0.	0.	0.	
(33) ROGER S. SHEDLIN BOARD MEMBER	0.20	X					0.	0.	0.	
(34) JAMES SHIRA BOARD MEMBER	0.20	X					0.	0.	0.	
(35) FRANK V. SICA BOARD MEMBER	0.20	X					0.	0.	0.	
(36) DONALD V. SMITH BOARD MEMBER	0.20	X					0.	0.	0.	
(37) HEIDI L. STEIGER BOARD MEMBER	0.20	X					0.	0.	0.	
(38) THOMAS F. STEPHENSON BOARD MEMBER	0.20	X					0.	0.	0.	
(39) JOHN H. STREICKER BOARD MEMBER	0.20	X					0.	0.	0.	
(40) FRANCES F. TOWNSEND BOARD MEMBER	0.20	X					0.	0.	0.	
(41) EDWIN A. WAHLEN BOARD MEMBER	0.20	X					0.	0.	0.	
(42) BRUCE N. WHITMAN BOARD MEMBER	0.20	X					0.	0.	0.	
(43) MATTHEW E. ZAMES BOARD MEMBER	0.20	X					0.	0.	0.	
(46) NORTON SCHWARTZ PRESIDENT & CEO	40.00			X			432,192.	0.	41,432.	
(47) HENRY HINTON COO & SECRETARY	40.00			X			183,930.	0.	29,031.	
(48) STEVEN W. LOWE CFO & TREASURER	40.00			X			132,676.	0.	30,801.	
Total to Part VII, Section A, line 1c .....										

**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

Form 990

52-1271179

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(49) TOM "GUY" COSENTINO EXEC. VICE PRESIDENT	40.00					X		178,177.	0.	15,264.
(50) GENEVIEVE MOONIS SR. VICE PRESIDENT	40.00					X		130,244.	0.	34,835.
(51) SUSAN MAYBAUMWISNIEWSKI SR. VICE PRESIDENT	40.00					X		135,980.	0.	27,060.
(52) KATHERINE KENNING REGIONAL DIRECTOR	40.00					X		136,223.	0.	16,425.
(53) DEBORAH MCCARTHY VICE PRESIDENT	40.00					X		135,540.	0.	20,550.
Total to Part VII, Section A, line 1c .....								1,464,962.		215,398.

**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,314,100.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	5,326,062.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		202,969.				
	<b>h Total.</b> Add lines 1a-1f .....		6,640,162.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		166,116.			166,116.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....			-23,602.		-23,602.
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,314,100. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....					
		<b>c</b> Net income or (loss) from fundraising events .....			-63,382.		-63,382.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS REVENUE .....	900099		209.			209.	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			209.				
<b>12 Total revenue.</b> See instructions. .....			6,719,503.	0.	0.	79,341.	

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**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	850,062.	522,319.	107,984.	219,759.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,548,840.	2,097,210.	156,147.	295,483.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,791.	64,942.	4,177.	9,672.
<b>9</b> Other employee benefits	356,745.	292,203.	17,741.	46,801.
<b>10</b> Payroll taxes	216,111.	167,767.	16,122.	32,222.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	28,252.	865.	27,076.	311.
<b>c</b> Accounting	19,509.	597.	18,697.	215.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	39,611.	30,750.	2,955.	5,906.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	138,156.	4,228.	132,407.	1,521.
<b>12</b> Advertising and promotion	500.			500.
<b>13</b> Office expenses	232,020.	188,794.	18,142.	25,084.
<b>14</b> Information technology	10,112.	367.	9,614.	131.
<b>15</b> Royalties				
<b>16</b> Occupancy	714,981.	399,555.	162,100.	153,326.
<b>17</b> Travel	100,138.	87,057.	968.	12,113.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	419,331.	417,581.	1,750.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	10,969.	8,515.	818.	1,636.
<b>23</b> Insurance	28,137.	21,843.	2,099.	4,195.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a CREDIT CARD PROCESSING</b>	47,842.	37,140.	3,569.	7,133.
<b>b REPAIRS &amp; MAINTENANCE</b>	34,393.	26,699.	2,566.	5,128.
<b>c DUES AND SUBSCRIPTIONS</b>	29,172.	22,646.	2,176.	4,350.
<b>d EMPLOYEE DEVELOPMENT</b>	3,187.	3,187.		
<b>e</b> All other expenses	1,163.	903.	87.	173.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	5,908,022.	4,395,168.	687,195.	825,659.
<b>26 Joint costs.</b> 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)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,927,051.	<b>1</b>	2,528,771.
	<b>2</b> Savings and temporary cash investments .....	194,653.	<b>2</b>	102,250.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	117,471.	<b>4</b>	127,324.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	126,677.	<b>9</b>	133,135.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	283,235.		
	<b>b</b> Less: accumulated depreciation .....	249,487.		
	<b>11</b> Investments - publicly traded securities .....	3,838,109.	<b>11</b>	4,342,239.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	126,380.	<b>12</b>	135,995.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	49,364.	<b>15</b>	49,364.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	6,399,884.	<b>16</b>	7,452,826.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	284,641.	<b>17</b>	413,248.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	265,517.	<b>25</b>	236,870.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	550,158.	<b>26</b>	650,118.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	5,849,726.	<b>27</b>	6,802,708.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	5,849,726.	<b>33</b>	6,802,708.	
<b>34</b> Total liabilities and net assets/fund balances .....	6,399,884.	<b>34</b>	7,452,826.	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,719,503.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,908,022.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	811,481.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,849,726.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	141,501.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,802,708.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		



BUSINESS EXECUTIVES FOR NATIONAL

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,747,287.	5,600,036.	5,954,293.	6,224,198.	6,640,162.	30,165,976.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5,747,287.	5,600,036.	5,954,293.	6,224,198.	6,640,162.	30,165,976.
<b>5</b> 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) .....						26,360.
<b>6 Public support.</b> Subtract line 5 from line 4.						30,139,616.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	5,747,287.	5,600,036.	5,954,293.	6,224,198.	6,640,162.	30,165,976.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	127,160.	123,135.	108,915.	135,944.	166,116.	661,270.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,627.	20.	3,103.	891.	209.	6,850.
<b>11 Total support.</b> Add lines 7 through 10						30,834,096.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.75 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	97.62 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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 A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(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.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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 supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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.	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

**BUSINESS EXECUTIVES FOR NATIONAL**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**BUSINESS EXECUTIVES FOR NATIONAL**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

BUSINESS EXECUTIVES FOR NATIONAL

Part VI Supplemental Information. 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.)

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization BUSINESS EXECUTIVES FOR NATIONAL SECURITY Employer identification number 52-1271179

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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) DEFERRED RENT ABATEMENT	236,870.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	236,870.

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

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	7,278,086.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	141,501.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	417,082.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	558,583.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,719,503.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	6,719,503.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	6,325,104.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	417,082.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	417,082.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,908,022.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	5,908,022.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

FOR THE YEAR ENDED DECEMBER 31, 2016, BENS HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B. 417,082.

**Part XIII** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 417,082.  
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII,  
LINE 8B.



**BUSINESS EXECUTIVES FOR NATIONAL**

**Part II 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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DC DINNER (event type)	NY DINNER (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	802,750.	865,050.		1,667,800.
	<b>2</b> Less: Contributions .....	641,050.	673,050.		1,314,100.
	<b>3</b> Gross income (line 1 minus line 2) .....	161,700.	192,000.		353,700.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	117,877.	225,800.		343,677.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	32,345.	41,060.		73,405.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				417,082.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-63,382.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

BUSINESS EXECUTIVES FOR NATIONAL

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  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	13a	%
b	An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  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 ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_  
 Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 \_\_\_\_\_  
 Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b 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 ▶ \$ \_\_\_\_\_

**Part IV** Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

\_\_\_\_\_  
 \_\_\_\_\_  
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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2016**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **BUSINESS EXECUTIVES FOR NATIONAL SECURITY** Employer identification number **52-1271179**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2016

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NORTON SCHWARTZ PRESIDENT & CEO	(i)	401,192.	31,000.	0.	10,600.	30,832.	473,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HENRY HINTON COO & SECRETARY	(i)	178,440.	5,490.	0.	6,466.	22,565.	212,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEVEN W. LOWE CFO & TREASURER	(i)	130,176.	2,500.	0.	5,165.	25,636.	163,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TOM "GUY" COSENTINO EXEC. VICE PRESIDENT	(i)	177,177.	1,000.	0.	7,114.	8,150.	193,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GENEVIEVE MOONIS SR. VICE PRESIDENT	(i)	125,194.	5,050.	0.	5,809.	29,026.	165,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SUSAN MAYBAUMWISNIEWSKI SR. VICE PRESIDENT	(i)	133,380.	2,600.	0.	5,311.	21,749.	163,040.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATHERINE KENNING REGIONAL DIRECTOR	(i)	133,723.	2,500.	0.	5,433.	10,992.	152,648.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEBORAH MCCARTHY VICE PRESIDENT	(i)	130,590.	4,950.	0.	0.	20,550.	156,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

BUSINESS EXECUTIVES FOR NATIONAL SECURITY

Part III Supplemental Information

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

PART I, LINE 7:

THE FOLLOWING INDIVIDUALS RECEIVED BONUS COMPENSATION:

NORTON SCHWARTZ	31,000
HENRY HINTON	5,490
STEVEN LOWE	2,500
TOM COSENTINO	1,000
GENEVIEVE MOONIS	5,050
SUSAN MAYBAUMWISNIEWSKI	2,600
KATERINE KENNING	2,500
DEBORAH MCCARTHY	4,950

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **BUSINESS EXECUTIVES FOR NATIONAL SECURITY** Employer identification number **52-1271179**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	155,528.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( EVENT COSTS )	X	7	47,441.FMV	
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS HAVE BEEN REPORTED ON PART I, COLUMN B.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

Employer identification number  
**52-1271179**

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE CFO, CEO, COO, OUTSIDE LEGAL COUNSEL, RMTG (CPA), AND WITH THE AUDIT COMMITTEE. A FINAL COPY OF THE 990 WAS SENT TO THE ENTIRE BOARD BEFORE FILING.

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

A COPY OF THE CONFLICT OF INTEREST POLICY IS REVIEWED AND FOLLOWED BY ALL DIRECTORS, EMPLOYEES, AND OFFICERS. UNDER THE CONFLICT OF INTEREST RULES DESCRIBED IN THE BENS BYLAWS AND IN ITS EMPLOYEE HANDBOOK, AFFECTED PERSONS ARE REQUIRED TO AFFIRMATIVELY DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO A CONFLICT, NOT JUST ANNUALLY, BUT AT THE VERY TIME THE PERSON BECOMES AWARE THAT A POTENTIAL CONFLICT ARISES. ALL DIRECTORS ARE REMINDED OF THE ORGANIZATION'S CONFLICT OF INTEREST AT EACH MEETING OF THE BOARD. IN ADDITION, BEFORE ANY PROJECT IS UNDERTAKEN WITH U.S. GOVERNMENT PARTNERS, BENS MEMBERS AND STAFF WORKING ON THE PROJECT ARE REMINDED IN WRITING OF THE BENS CONFLICT OF INTEREST REQUIREMENTS. SENIOR BENS STAFF REGULARLY MONITOR PROJECTS AND ACTIVITIES TO HELP FURTHER AVOID ANY POTENTIAL CONFLICT OF INTEREST SITUATIONS. THE SECRETARY OF THE BENS BOARD OF DIRECTORS RECEIVES REPORTS OF POTENTIAL CONFLICTS OF INTEREST AND, AFTER REVIEWING AND CONSULTING WITH THE CHAIR OF THE GOVERNANCE COMMITTEE, DETERMINES APPROPRIATE ACTION. ALL BOARD MEMBERS AND STAFF SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.

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

THE EXECUTIVE COMMITTEE, WHOSE MEMBERS ARE CURRENT OR RETIRED SENIOR

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization <b>BUSINESS EXECUTIVES FOR NATIONAL SECURITY</b>	Employer identification number <b>52-1271179</b>
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BUSINESS EXECUTIVES WHO SIT ON NUMEROUS NONPROFIT BOARDS, DETERMINES THE INITIAL SALARY AND ANY RAISES OR BONUSES FOR THE CEO. THIS DETERMINATION INCLUDES USE OF COMPARABLE SALARY AND DECISIONS ARE DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES. THE LAST COMPENSATION REVIEW OF THE CEO TOOK PLACE IN JANUARY 2017.

THE CFO/TREASURER MAINTAINS A VARIETY OF NONPROFIT SALARY SURVEYS (INCLUDING ASAE), WHICH ARE USED BY THE CEO AND COO IN DETERMINING STAFF SALARIES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT  
VA, WV, WI, MN

FORM 990, PART VI, SECTION C, LINE 19:  
THE ORGANIZATION'S ARTICLES OF INCORPORATION, BYLAWS (INCLUDING DISCLOSURE OF CONFLICTS OF INTEREST - ARTICLE 3, SECTION 16), DONOR PRIVACY POLICY, AND FINANCIAL STATEMENTS ARE POSTED ON THE BENS WEBSITE (WWW.BENS.ORG).

FORM 990, PART VI, SECTION C, LINE 18:  
THE ORGANIZATION POSTS ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS ON THE BENS WEBSITE.

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING  
DECEMBER 31, 2016

<b>Prepared for</b>	BUSINESS EXECUTIVES FOR NATIONAL SECURITY 1030 15TH STREET, NW NO. 200 E WASHINGTON, DC 20005
<b>Prepared by</b>	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
<b>Amount due or refund</b>	BALANCE DUE OF \$25.00
<b>Make check payable to</b>	DEPARTMENT OF LAW
<b>Mail tax return and check (if applicable) to</b>	NYS OFFICE OF ATTORNEY GENERAL CHARITIES BUREAU REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
<b>Return must be mailed on or before</b>	PLEASE MAIL AS SOON AS POSSIBLE.
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).  THE ATTACHED COPY OF FEDERAL FORM 990 MUST BE PROPERLY SIGNED AND DATED.



BUSINESS EXECUTIVES FOR NATIONAL SECURITY

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- Checkboxes for submitting Schedule 4a (Professional Fund Raisers) and Schedule 4b (Government Grants).

Check the financial attachments you must submit with your CHAR500:

- Checkboxes for submitting IRS Form 990, 990-EZ, 990-PF, 990-T, additional 990 Schedules, and an IRS 990-N e-postcard.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Checkboxes for Review Report, Audit Report, No Review Report, and DUAL filer exemption.

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- Checkboxes for \$0 and \$25 7A fee based on exemption status.

For EPTL and DUAL filers, calculate the EPTL fee:

- Checkboxes for EPTL fee based on NET WORTH ranges from \$0 to \$1500.

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau. 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A").

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:
- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BUSINESS EXECUTIVES FOR NATIONAL SECURITY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1030 15TH STREET, NW 200 E</b> City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20005</b> <b>F</b> Name and address of principal officer: <b>NORTON A. SCHWARTZ</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>52-1271179</b> <b>E</b> Telephone number <b>(202) 296-2125</b> <b>G</b> Gross receipts \$ <b>9,266,606.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.BENS.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1982</b>		<b>M</b> State of legal domicile: <b>DC</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>	
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>43</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>43</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) .....	<b>41</b>
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>235</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>0.</b>
	<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>0.</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>6,224,198.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>265,479.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>-82,848.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>6,406,829.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>3,736,259.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>825,659.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>1,835,211.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>5,571,470.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>835,359.</b>
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	<b>6,399,884.</b>
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>550,158.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>5,849,726.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>STEVEN W. LOWE, TREASURER/CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMES LARSON, CPA</b>	Preparer's signature  Date  Check if self-employed <input type="checkbox"/> PTIN <b>P01329561</b>
	Firm's name ▶ <b>GELMAN, ROSENBERG &amp; FREEDMAN</b> Firm's address ▶ <b>4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930</b>	Firm's EIN ▶ <b>52-1392008</b> Phone no. (301) 951-9090

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO APPLY BEST BUSINESS PRACTICES TO ADDRESS THE NATION'S MOST PRESSING SECURITY CHALLENGES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,228,159. including grants of \$ ) (Revenue \$ ) MEETINGS PROGRAM - EVENTS AND MEETINGS HELD TO STIMULATE MEMBER ENGAGEMENT, EDUCATE OUR CLIENTS, AND ASSIST IN EXPANDING OUR PROJECTS.

4b (Code: ) (Expenses \$ 2,167,009. including grants of \$ ) (Revenue \$ ) POLICY DEVELOPMENT AND IMPLEMENTATION - PROMOTING INITIATIVES THAT WILL MAKE OUR COUNTRY MORE SECURE THROUGH NON-PARTISAN EDUCATION EFFORTS.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,395,168.

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....		<b>X</b>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 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 "Yes," complete Schedule C, Part II</i> .....		<b>X</b>
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		<b>X</b>
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>

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**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 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> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>4b</b>	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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? <span style="float:right">N/A</span>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? <span style="float:right">N/A</span>		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? <span style="float:right">N/A</span>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12 <span style="float:right">N/A</span>		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders <span style="float:right">N/A</span>		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <span style="float:right">N/A</span>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <span style="float:right">N/A</span> <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<b>1a</b>	43	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	43	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶  
**STEVEN W. LOWE - (202)296-2125**  
**1030 15TH STREET, SUITE 200E, WASHINGTON, DC 20005**

**BUSINESS EXECUTIVES FOR NATIONAL  
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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE E. MOSLER CHAIRMAN	2.00	X		X			0.	0.	0.	
(2) RAPHAEL BENAROYA VICE CHAIRMAN	0.20	X		X			0.	0.	0.	
(3) MARY M. BOIES VICE CHAIRMAN	0.20	X		X			0.	0.	0.	
(4) DENIS A. BOVIN VICE CHAIRMAN	0.20	X		X			0.	0.	0.	
(5) RAMON P. MARKS VICE CHAIRMAN	0.20	X		X			0.	0.	0.	
(6) WILLIAM F. MURDY VICE CHAIRMAN	0.20	X		X			0.	0.	0.	
(7) PATRICIA C. BARRON BOARD MEMBER	0.20	X					0.	0.	0.	
(8) ALFRED R. BERKELEY BOARD MEMBER	0.20	X					0.	0.	0.	
(9) NORMAN C. CHAMBERS BOARD MEMBER	0.20	X					0.	0.	0.	
(10) HOWARD E. COX BOARD MEMBER	0.20	X					0.	0.	0.	
(11) JOSEPH M. DEPINTO BOARD MEMBER	0.20	X					0.	0.	0.	
(12) HARRIS DIAMOND BOARD MEMBER	0.20	X					0.	0.	0.	
(13) DONALD R. DIXON BOARD MEMBER	0.20	X					0.	0.	0.	
(14) EZRA S. FIELD BOARD MEMBER	0.20	X					0.	0.	0.	
(15) KENNETH FISHER BOARD MEMBER	0.20	X					0.	0.	0.	
(16) WILLIAM J. FLYNN BOARD MEMBER	0.20	X					0.	0.	0.	
(17) MICHAEL P. GALVIN BOARD MEMBER	0.20	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK J. GERENCSEK BOARD MEMBER	0.20	X						0.	0.	0.
(19) RONALD J. GIDWITZ BOARD MEMBER	0.20	X						0.	0.	0.
(20) G.S. B. GILBERT BOARD MEMBER	0.20	X						0.	0.	0.
(21) MAURICE R. GREENBERG BOARD MEMBER	0.20	X						0.	0.	0.
(22) THOMAS J. HIGGINS BOARD MEMBER	0.20	X						0.	0.	0.
(23) THOMAS M. HOLDER BOARD MEMBER	0.20	X						0.	0.	0.
(24) JOHN K. HURLEY BOARD MEMBER	0.20	X						0.	0.	0.
(25) PAUL R. MARCUS BOARD MEMBER	0.20	X						0.	0.	0.
(26) JAMIE D. MCCOURT BOARD MEMBER	0.20	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								1,464,962.	0.	215,398.
<b>d Total (add lines 1b and 1c)</b> .....								1,464,962.	0.	215,398.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **13**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

**BUSINESS EXECUTIVES FOR NATIONAL  
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Form 990

52-1271179

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) CHRISTOPHER C. MELTON BOARD MEMBER	0.20	X						0.	0.	0.
(28) JOHN P. MORGRIDGE BOARD MEMBER	0.20	X						0.	0.	0.
(29) MARK S. NEWMAN BOARD MEMBER	0.20	X						0.	0.	0.
(30) CHARLES E. PHILLIPS BOARD MEMBER	0.20	X						0.	0.	0.
(31) ANTHONY SCARAMUCCI BOARD MEMBER	0.20	X						0.	0.	0.
(32) STEPHEN J. SHAPIRO BOARD MEMBER	0.20	X						0.	0.	0.
(33) ROGER S. SHEDLIN BOARD MEMBER	0.20	X						0.	0.	0.
(34) JAMES SHIRA BOARD MEMBER	0.20	X						0.	0.	0.
(35) FRANK V. SICA BOARD MEMBER	0.20	X						0.	0.	0.
(36) DONALD V. SMITH BOARD MEMBER	0.20	X						0.	0.	0.
(37) HEIDI L. STEIGER BOARD MEMBER	0.20	X						0.	0.	0.
(38) THOMAS F. STEPHENSON BOARD MEMBER	0.20	X						0.	0.	0.
(39) JOHN H. STREICKER BOARD MEMBER	0.20	X						0.	0.	0.
(40) FRANCES F. TOWNSEND BOARD MEMBER	0.20	X						0.	0.	0.
(41) EDWIN A. WAHLEN BOARD MEMBER	0.20	X						0.	0.	0.
(42) BRUCE N. WHITMAN BOARD MEMBER	0.20	X						0.	0.	0.
(43) MATTHEW E. ZAMES BOARD MEMBER	0.20	X						0.	0.	0.
(46) NORTON SCHWARTZ PRESIDENT & CEO	40.00			X				432,192.	0.	41,432.
(47) HENRY HINTON COO & SECRETARY	40.00			X				183,930.	0.	29,031.
(48) STEVEN W. LOWE CFO & TREASURER	40.00			X				132,676.	0.	30,801.
Total to Part VII, Section A, line 1c .....										

**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

Form 990

52-1271179

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(49) TOM "GUY" COSENTINO EXEC. VICE PRESIDENT	40.00					X		178,177.	0.	15,264.
(50) GENEVIEVE MOONIS SR. VICE PRESIDENT	40.00					X		130,244.	0.	34,835.
(51) SUSAN MAYBAUMWISNIEWSKI SR. VICE PRESIDENT	40.00					X		135,980.	0.	27,060.
(52) KATHERINE KENNING REGIONAL DIRECTOR	40.00					X		136,223.	0.	16,425.
(53) DEBORAH MCCARTHY VICE PRESIDENT	40.00					X		135,540.	0.	20,550.
Total to Part VII, Section A, line 1c .....								1,464,962.	215,398.	

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**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,314,100.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	5,326,062.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		202,969.				
	<b>h Total.</b> Add lines 1a-1f .....		6,640,162.				
	<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		166,116.			166,116.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....			-23,602.		-23,602.
	<b>8 a</b> Gross income from fundraising events (not including \$ 1,314,100. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		353,700.			
		<b>b</b> Less: direct expenses .....	<b>b</b>	417,082.			
		<b>c</b> Net income or (loss) from fundraising events .....		-63,382.			-63,382.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS REVENUE .....	900099		209.			209.	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			209.				
<b>12 Total revenue.</b> See instructions. ....			6,719,503.	0.	0.	79,341.	

**BUSINESS EXECUTIVES FOR NATIONAL  
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**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	850,062.	522,319.	107,984.	219,759.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,548,840.	2,097,210.	156,147.	295,483.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	78,791.	64,942.	4,177.	9,672.
<b>9</b> Other employee benefits	356,745.	292,203.	17,741.	46,801.
<b>10</b> Payroll taxes	216,111.	167,767.	16,122.	32,222.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	28,252.	865.	27,076.	311.
<b>c</b> Accounting	19,509.	597.	18,697.	215.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	39,611.	30,750.	2,955.	5,906.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	138,156.	4,228.	132,407.	1,521.
<b>12</b> Advertising and promotion	500.			500.
<b>13</b> Office expenses	232,020.	188,794.	18,142.	25,084.
<b>14</b> Information technology	10,112.	367.	9,614.	131.
<b>15</b> Royalties				
<b>16</b> Occupancy	714,981.	399,555.	162,100.	153,326.
<b>17</b> Travel	100,138.	87,057.	968.	12,113.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	419,331.	417,581.	1,750.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	10,969.	8,515.	818.	1,636.
<b>23</b> Insurance	28,137.	21,843.	2,099.	4,195.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a CREDIT CARD PROCESSING</b>	47,842.	37,140.	3,569.	7,133.
<b>b REPAIRS &amp; MAINTENANCE</b>	34,393.	26,699.	2,566.	5,128.
<b>c DUES AND SUBSCRIPTIONS</b>	29,172.	22,646.	2,176.	4,350.
<b>d EMPLOYEE DEVELOPMENT</b>	3,187.	3,187.		
<b>e All other expenses</b>	1,163.	903.	87.	173.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	5,908,022.	4,395,168.	687,195.	825,659.
<b>26 Joint costs.</b> 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)

**BUSINESS EXECUTIVES FOR NATIONAL  
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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,927,051.	<b>1</b>	2,528,771.
	<b>2</b> Savings and temporary cash investments .....	194,653.	<b>2</b>	102,250.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	117,471.	<b>4</b>	127,324.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	126,677.	<b>9</b>	133,135.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	283,235.		
	<b>b</b> Less: accumulated depreciation .....	249,487.		
	<b>11</b> Investments - publicly traded securities .....	3,838,109.	<b>11</b>	4,342,239.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	126,380.	<b>12</b>	135,995.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	49,364.	<b>15</b>	49,364.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	6,399,884.	<b>16</b>	7,452,826.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	284,641.	<b>17</b>	413,248.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	265,517.	<b>25</b>	236,870.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	550,158.	<b>26</b>	650,118.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	5,849,726.	<b>27</b>	6,802,708.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	5,849,726.	<b>33</b>	6,802,708.	
<b>34</b> Total liabilities and net assets/fund balances .....	6,399,884.	<b>34</b>	7,452,826.	

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**BUSINESS EXECUTIVES FOR NATIONAL  
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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,719,503.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,908,022.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	811,481.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,849,726.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	141,501.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,802,708.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		



**BUSINESS EXECUTIVES FOR NATIONAL**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,747,287.	5,600,036.	5,954,293.	6,224,198.	6,640,162.	30,165,976.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5,747,287.	5,600,036.	5,954,293.	6,224,198.	6,640,162.	30,165,976.
<b>5</b> 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) .....						26,360.
<b>6 Public support.</b> Subtract line 5 from line 4.						30,139,616.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	5,747,287.	5,600,036.	5,954,293.	6,224,198.	6,640,162.	30,165,976.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	127,160.	123,135.	108,915.	135,944.	166,116.	661,270.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,627.	20.	3,103.	891.	209.	6,850.
<b>11 Total support.</b> Add lines 7 through 10						30,834,096.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.75 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	97.62 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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 A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(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.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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 supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> 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.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**BUSINESS EXECUTIVES FOR NATIONAL**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**BUSINESS EXECUTIVES FOR NATIONAL**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

BUSINESS EXECUTIVES FOR NATIONAL

Part VI Supplemental Information. 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.)

Multiple horizontal lines for supplemental information.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**Name of the organization** **BUSINESS EXECUTIVES FOR NATIONAL SECURITY** **Employer identification number** **52-1271179**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds 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 held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2016

**BUSINESS EXECUTIVES FOR NATIONAL SECURITY**

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b** Permanent endowment ▶ \_\_\_\_\_ %
- c** Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		37,879.	26,701.	11,178.
<b>d</b> Equipment .....		142,113.	121,324.	20,789.
<b>e</b> Other .....		103,243.	101,462.	1,781.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				33,748.

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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) DEFERRED RENT ABATEMENT	236,870.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	236,870.

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

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	7,278,086.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	141,501.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	417,082.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	558,583.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,719,503.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	6,719,503.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	6,325,104.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	417,082.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	417,082.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,908,022.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	5,908,022.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

FOR THE YEAR ENDED DECEMBER 31, 2016, BENS HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B. 417,082.

**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED AS EXPENSE ON THE FINANCIAL 417,082.  
STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII,  
LINE 8B.



**BUSINESS EXECUTIVES FOR NATIONAL**

**Part II 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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DC DINNER (event type)	NY DINNER (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	802,750.	865,050.		1,667,800.
	<b>2</b> Less: Contributions .....	641,050.	673,050.		1,314,100.
	<b>3</b> Gross income (line 1 minus line 2) .....	161,700.	192,000.		353,700.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	117,877.	225,800.		343,677.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	32,345.	41,060.		73,405.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				417,082.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-63,382.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
Revenue	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

**BUSINESS EXECUTIVES FOR NATIONAL**

Schedule G (Form 990 or 990-EZ) 2016 **SECURITY**

52-1271179 Page 3

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  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 | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  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 ► \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16 Gaming manager information:**

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17 Mandatory distributions:**

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b 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 ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

\_\_\_\_\_

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\_\_\_\_\_

**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **BUSINESS EXECUTIVES FOR NATIONAL SECURITY** Employer identification number **52-1271179**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2016

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NORTON SCHWARTZ PRESIDENT & CEO	(i)	401,192.	31,000.	0.	10,600.	30,832.	473,624.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) HENRY HINTON COO & SECRETARY	(i)	178,440.	5,490.	0.	6,466.	22,565.	212,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEVEN W. LOWE CFO & TREASURER	(i)	130,176.	2,500.	0.	5,165.	25,636.	163,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TOM "GUY" COSENTINO EXEC. VICE PRESIDENT	(i)	177,177.	1,000.	0.	7,114.	8,150.	193,441.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GENEVIEVE MOONIS SR. VICE PRESIDENT	(i)	125,194.	5,050.	0.	5,809.	29,026.	165,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SUSAN MAYBAUMWISNIEWSKI SR. VICE PRESIDENT	(i)	133,380.	2,600.	0.	5,311.	21,749.	163,040.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATHERINE KENNING REGIONAL DIRECTOR	(i)	133,723.	2,500.	0.	5,433.	10,992.	152,648.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DEBORAH MCCARTHY VICE PRESIDENT	(i)	130,590.	4,950.	0.	0.	20,550.	156,090.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

BUSINESS EXECUTIVES FOR NATIONAL SECURITY

Part III Supplemental Information

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

PART I, LINE 7:

THE FOLLOWING INDIVIDUALS RECEIVED BONUS COMPENSATION:

NORTON SCHWARTZ	31,000
HENRY HINTON	5,490
STEVEN LOWE	2,500
TOM COSENTINO	1,000
GENEVIEVE MOONIS	5,050
SUSAN MAYBAUMWISNIEWSKI	2,600
KATERINE KENNING	2,500
DEBORAH MCCARTHY	4,950

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **BUSINESS EXECUTIVES FOR NATIONAL SECURITY** Employer identification number **52-1271179**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	155,528.FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( EVENT COSTS )	X	7	47,441.FMV	
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS HAVE BEEN REPORTED ON PART I, COLUMN B.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**BUSINESS EXECUTIVES FOR NATIONAL  
SECURITY**

Employer identification number  
**52-1271179**

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE CFO, CEO, COO, OUTSIDE LEGAL COUNSEL, RMTG (CPA), AND WITH THE AUDIT COMMITTEE. A FINAL COPY OF THE 990 WAS SENT TO THE ENTIRE BOARD BEFORE FILING.

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

A COPY OF THE CONFLICT OF INTEREST POLICY IS REVIEWED AND FOLLOWED BY ALL DIRECTORS, EMPLOYEES, AND OFFICERS. UNDER THE CONFLICT OF INTEREST RULES DESCRIBED IN THE BENS BYLAWS AND IN ITS EMPLOYEE HANDBOOK, AFFECTED PERSONS ARE REQUIRED TO AFFIRMATIVELY DISCLOSE ANY INTERESTS THAT COULD GIVE RISE TO A CONFLICT, NOT JUST ANNUALLY, BUT AT THE VERY TIME THE PERSON BECOMES AWARE THAT A POTENTIAL CONFLICT ARISES. ALL DIRECTORS ARE REMINDED OF THE ORGANIZATION'S CONFLICT OF INTEREST AT EACH MEETING OF THE BOARD. IN ADDITION, BEFORE ANY PROJECT IS UNDERTAKEN WITH U.S. GOVERNMENT PARTNERS, BENS MEMBERS AND STAFF WORKING ON THE PROJECT ARE REMINDED IN WRITING OF THE BENS CONFLICT OF INTEREST REQUIREMENTS. SENIOR BENS STAFF REGULARLY MONITOR PROJECTS AND ACTIVITIES TO HELP FURTHER AVOID ANY POTENTIAL CONFLICT OF INTEREST SITUATIONS. THE SECRETARY OF THE BENS BOARD OF DIRECTORS RECEIVES REPORTS OF POTENTIAL CONFLICTS OF INTEREST AND, AFTER REVIEWING AND CONSULTING WITH THE CHAIR OF THE GOVERNANCE COMMITTEE, DETERMINES APPROPRIATE ACTION. ALL BOARD MEMBERS AND STAFF SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.

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

THE EXECUTIVE COMMITTEE, WHOSE MEMBERS ARE CURRENT OR RETIRED SENIOR

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization <b>BUSINESS EXECUTIVES FOR NATIONAL SECURITY</b>	Employer identification number <b>52-1271179</b>
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BUSINESS EXECUTIVES WHO SIT ON NUMEROUS NONPROFIT BOARDS, DETERMINES THE INITIAL SALARY AND ANY RAISES OR BONUSES FOR THE CEO. THIS DETERMINATION INCLUDES USE OF COMPARABLE SALARY AND DECISIONS ARE DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES. THE LAST COMPENSATION REVIEW OF THE CEO TOOK PLACE IN JANUARY 2017.

THE CFO/TREASURER MAINTAINS A VARIETY OF NONPROFIT SALARY SURVEYS (INCLUDING ASAE), WHICH ARE USED BY THE CEO AND COO IN DETERMINING STAFF SALARIES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MA, MI, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT  
VA, WV, WI, MN

FORM 990, PART VI, SECTION C, LINE 19:  
THE ORGANIZATION'S ARTICLES OF INCORPORATION, BYLAWS (INCLUDING DISCLOSURE OF CONFLICTS OF INTEREST - ARTICLE 3, SECTION 16), DONOR PRIVACY POLICY, AND FINANCIAL STATEMENTS ARE POSTED ON THE BENS WEBSITE (WWW.BENS.ORG).

FORM 990, PART VI, SECTION C, LINE 18:  
THE ORGANIZATION POSTS ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS ON THE BENS WEBSITE.