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PUBLIC DISCLOSURE COPY

			** PUBLIC DISCLOSURE C	OPY **	r	
	Ω	00	Return of Organization Exempt I	From I	ncome Tax	OMB No. 1545-0047
For	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	e Code (ex	cept private foundatio	^{ns)} 2014
		of the Treasury	Do not enter social security numbers on this form a	-		Open to Public
		enue Service	Information about Form 990 and its instructions is			Inspection
-				ending u	JAN 31, 2015	
B c	heck if	ole: C Name of	forganization		D Employer identifie	cation number
	Addr chan		EAR INFORMATION AND RESOURCE SERV	ICE		
	Nam chan	ge Doing b	usiness as		52-1	119677
	Initia	Number	,	Room/suite	1 · · ·	
	Final	0	CARROLL AVENUE	340	301-	270-6477
_	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	592,132.
			MA PARK, MD 20912		H(a) Is this a group re	
	Appli tion pend		nd address of principal officer: TIMOTHY L. JUDSON		for subordinates	
		SAME	AS C ABOVE		H(b) Are all subordinates in	
		empt status:		or 🛄 527	-	list. (see instructions)
			NIRS.ORG		H(c) Group exemption	
			X Corporation Trust Association Other ►	L Year	of formation: 1978	State of legal domicile: DC
Pa	art I	Summary				
e	1	Briefly describ	be the organization's mission or most significant activities: TO B	E THE	NATIONAL IN	FORMATION
ane			WORKING CENTER FOR CITIZENS AND E			
Activities & Governance	2		x ▶ └── if the organization discontinued its operations or dispo		1 1	-
Š	3					8
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		dependent voting members of the governing body (Part VI, line 1b)			8
ties	5		of individuals employed in calendar year 2014 (Part V, line 2a)			6
tivit	6		of volunteers (estimate if necessary)			8
Act			d business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>		
					Prior Year 397,102.	Current Year 576,847.
ue	8		and grants (Part VIII, line 1h)		0.	0.
Revenue	9	•	ce revenue (Part VIII, line 2g)		13.	1,410.
Be			come (Part VIII, column (A), lines 3, 4, and 7d)		31,321.	11,193.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		428,436.	589,450.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		26,500.	37,350.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		20,500.	0.
	14		to or for members (Part IX, column (A), line 4)		350,947.	400,036.
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	······	0.	<u> </u>
Expenses	108	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► <u>39 , 4</u>	<u>ал</u> –	• •	•
Ă					176,204.	167,647.
	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		553,651.	605,033.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		-125,215.	-15,583.
SS	19	nevenue less	expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total accote (	Part X line 16)		264,236.	244,205.
Asse Bali	20 21	Total assets (I			127,627.	123,179.
Vet / und	21		; (Part X, line 26) fund balances. Subtract line 21 from line 20		136,609.	121,026.
	art II				100,000	121,020.
		0	I declare that I have examined this return, including accompanying schedule	s and statem	ents and to the hest of m	knowledge and belief it is
			. Declaration of preparer (other than officer) is based on all information of wi			י הוסשוטעט מות טכווכו, ול 3
u u o	00110	or, and complete		mon proparei	has any knowledge.	

,		, , , , , , , , , , , , , , , , , , , ,	
Sign Here	Signature of officer <b>TIMOTHY L. JUDSON, EXEC</b> Type or print name and title	CUTIVE DIRECTOR	Date
Paid Preparer	DAVID JONES	Preparer's signature Da	te PTIN if P01361002 Firm's EIN ► 52-1853933
Use Only	Firm's address 10500 LITTLE PATT COLUMBIA, MD 210	UXENT PARKWAY, SUITE 7	70 Phone no.410-884-0220
May the II	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No
432001 11-0	D7-14 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form <b>990</b> (2014)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

1 2 3	Statement of Program Service Accomplishments         Check if Schedule O contains a response or note to any line in this Part III         Briefly describe the organization's mission:         TO BE THE NATIONAL INFORMATION AND NETWORKING CENTER FOR CITIZENS AND         ENVIRONMENTAL ACTIVISTS CONCERNED ABOUT NUCLEAR POWER, RADIOACTIVE         WASTE, RADIATION AND SUSTAINABLE ENERGY ISSUES.         Did the organization undertake any significant program services during the year which were not listed on         the prior Form 990 or 990-EZ?
2	Briefly describe the organization's mission: TO BE THE NATIONAL INFORMATION AND NETWORKING CENTER FOR CITIZENS AND ENVIRONMENTAL ACTIVISTS CONCERNED ABOUT NUCLEAR POWER, RADIOACTIVE WASTE, RADIATION AND SUSTAINABLE ENERGY ISSUES. Did the organization undertake any significant program services during the year which were not listed on
2	WASTE, RADIATION AND SUSTAINABLE ENERGY ISSUES. Did the organization undertake any significant program services during the year which were not listed on
3	
3	
3	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 474,466. including grants of \$ 37,350. ) (Revenue \$
	THE NUCLEAR 911 CAMPAIGN - AN EFFORT TO TAKE THE LESSONS LEARNED FROM
	THE REAL-LIFE DISASTERS AT FUKUSHIMA AND CHERNOBYL AND APPLY THEM TO EMERGENCY RESPONSE PLANNING FOR REACTORS IN THE UNITED STATES. GOALS
	INCLUDE EXPANDING THE SIZE OF CURRENT EMERGENCY EVACUATION AND
	AGRICULTURAL INTERDICTION ZONES AND PROVIDING MORE REALISTIC AND USEFUL
	TRAINING FOR EMERGENCY RESPONDERS AND UTILITY PERSONNEL.
	THE WEST VALLEY PROJECT - AN EFFORT TO CLEAN UP NUCLEAR WASTE ON THE
	WEST VALLEY NUCLEAR WASTE SITE IN NEW YORK THAT HAS BEEN LEAKING
	RADIOACTIVE WASTE INTO THE GROUND SINCE 1966. IN AN EFFORT TO PERSUADE
	THE DEPARTMENT OF ENERGY ("DOE") TO CLEAN UP THE SITE, NIRS HAS JOINED WITH OTHER ORGANIZATIONS AND UNDERTAKEN THE DISSEMINATION AND PUBLIC
	RELEASE OF HYDROGEOLOGY STUDIES OF SURFACE AND GROUNDWATER ON AND
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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 ► 474,466.
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	2 013 793927 17513 2014.04030 NUCLEAR INFORMATION AND RES 17513 1

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## NUCLEAR INFORMATION AND RESOURCE SERVICE 52-1119677 Page 3

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ŭ	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 23
5		_		x
•	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		<u></u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f		TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
10-			21	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10	х	
	Schedule D, Parts XI and XII	12a	Λ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		37	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2014)

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Pa	t IV Checklist of Required Schedules (continued)			
		_	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
U	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 <del>.1</del> 0		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		<u> </u>
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadula L. Dart I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		<u> </u>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	<i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-		28a		x
a b		20a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U		28c		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
30	contributions? If "Yes," complete Schedule M	30		x
24	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	51		<u> </u>
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		<u> </u>
54		34		x
250	Part V, line 1         Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	30d		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	550		<u> </u>
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 37		<u> </u>
30	Note. All Form 990 filers are required to complete Schedule O	38	х	l I
			990	(2014)

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Pa	<b>t V</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
		<u></u>		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
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 A	Accoun	ts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		•			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	<u> </u>	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	──	<b> </b>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			_		
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e	──	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f	──	
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g	<u> </u>	<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
0	sponsoring organization have excess business holdings at any time during the year?			8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a		
a h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b		<u> </u>
10	Section 501(c)(7) organization make a distribution to a donor, donor advisor, or related person?			90		
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b		100 10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against			1		
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the experimentian version and an experimentation of the territory of terri			14a		Х
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedu	le O		14b		

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Form 990 (2014)

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Χ

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

4 -		8	Yes	+
та	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>	-		
	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.			
		8		
	Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4		
				ł
	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	. 2		╉
		3		
	of officers, directors, or trustees, or key employees to a management company or other person?			╉
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	·		╉
	Did the organization become aware during the year of a significant diversion of the organization's assets?			╉
	Did the organization have members or stockholders?	. 0		╉
	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?	7a		
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			t
2	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			t
	The governing body?	8a	X	I
	Each committee with authority to act on behalf of the governing body?		X	+
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			t
-	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	, , , , , , , , , , , , , , , , , , ,		Yes	T
0a	Did the organization have local chapters, branches, or affiliates?	10a	-	1
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		1	†
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	I
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	·		t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		1	1
	in Schedule O how this was done	120	X	
3	Did the organization have a written whistleblower policy?	13	X	t
	Did the organization have a written document retention and destruction policy?		X	t
	Did the process for determining compensation of the following persons include a review and approval by independent			t
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
а	The organization's CEO, Executive Director, or top management official	15a		I
	Other officers or key employees of the organization			╋
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			t
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
	taxable entity during the year?	16a		I
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b		1
	tion C. Disclosure			-
	List the states with which a copy of this Form 990 is required to be filed CA , MD , NY			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s onl	/) availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.	,	-	
	X       Own website       Another's website       X       Upon request       Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and fina	ncial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DENISE JAKOBSBERG - $301-270-6477$			
	6930 CARROLL AVENUE, TAKOMA PARK, MD 20912			

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.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	heck ss pe	more rson	than is bot pr/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CHRIS WILLIAMS	2.00	x		x				0.	0.	0.
CHAIR (2) TIMOTHEA HOWARD	2.00	^		^				0.	0.	0.
TREASURER	2.00	x		x				0.	0.	0.
(3) SUSAN ALZNER	2.00									
BOARD MEMBER		x						0.	0.	0.
(4) LOUIS CLARK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(5) BOB EYE	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(6) MICHEL LEE	2.00									
BOARD MEMBER		х						0.	0.	0.
(7) DAPHNE WYSHAM	2.00								0	0
BOARD MEMBER	2 00	X						0.	0.	0.
(8) ALLISON FISHER	2.00	x						0.	0.	0.
BOARD MEMBER (9) TIMOTHY L JUDSON	40.00	<u>^</u>						0.	0.	0.
EXECUTIVE DIRECTOR	40.00			x				62,615.	0.	7,141.
		-								
		-								
	1									<b>5 000</b> (001 4)

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Form 990 (2014)

Page 7

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	990 (2014) NUCLEAR 1											119	677	Pa	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C							
	(A) Name and title	(B) Average hours per week	box offic	not c , unle	ss pe	ition more rson	than is bot pr/trus	h an	(D) Report compens fron	able sation	<b>(E)</b> Reportable compensatic from related	on	am	(F) timate ount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organiz (W-2/1099	ation	organization (W-2/1099-MIS		fro orga and	oensa om the anizati I relate nizatio	e ion ed
									60	,615.				7 1	11
с	Sub-total Total from continuation sheets to Part VI	I, Section A								,615.		0.0.			41. 0. 41.
2	Total (add lines 1b and 1c)									-	,000 of reportab	-		,,_	<u>•</u> 0
3	Did the organization list any <b>former</b> officer,	director or tri	istor	a ka	av or	nnlo		or	highest comp	ensated e	mplovee on			Yes	No
4	line 1a? <i>If "Yes," complete Schedule J for su</i> For any individual listed on line 1a, is the su	uch individual			·								3		Х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	),000? If "Yes,	" со	mple	ete S	Sche	edule	ə J i	for such indivi	dual			4		Х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J f	or si	uch	pers	son .					<u></u>	5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	-										npens			
	(A) Name and business	address	NC	ONI	3				Desc	(B) ription of s	ervices	С	(C omper		n
								_							
								_							
								_							
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot li	mite	d to		se li: )	stec	d above) who	received m	nore than				
											<b>/</b>		Form <b>S</b>	<b>990</b> (2	2014)

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			; ;		MATION A	ND RESOURC	E SERVICE	52-1119	677 Page 9
Pa	rt V	/111							
			Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII	(P)		
						(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
а,			Fundraising events						
ar J			Related organizations						
s, C			Government grants (contributi						
r Si			All other contributions, gifts, grant						
the			similar amounts not included abov		576,847.				
d d i		g	Noncash contributions included in lines						
a C		-	Total. Add lines 1a-1f	-	►	576,847.			
					Business Code				
e	2	а							
Program Service Revenue		b							
ŝn		с							
eve		d							
2 B B B B B B B B B B B B B B B B B B B		е							
۲ ۲		f	All other program service reven	nue					
		g	Total. Add lines 2a-2f						
	3		Investment income (including						
			other similar amounts)		►	4.			4.
	4		Income from investment of tax						
	5		Royalties		►				
				(i) Real	(ii) Personal				
	6	а	Gross rents	10,302.					
		b	Less: rental expenses	0.					
		с	Rental income or (loss)	10,302.					
		d	Net rental income or (loss)		►	10,302.			10,302.
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory		4,088.				
		b	Less: cost or other basis						
			and sales expenses		2,682.				
			Gain or (loss)		1,406.				
			Net gain or (loss)		·· <u>·····</u>	1,406.			1,406.
e	8	а	Gross income from fundraising	g events (not					
eni			including \$						
Other Revenue			contributions reported on line						
ler			Part IV, line 18						
ŧ			Less: direct expenses						
			Net income or (loss) from fund	-	▶				
	9	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gam	-	▶				
	10	а	Gross sales of inventory, less						
		<b>L</b>	and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales						
	44	~	Miscellaneous Revenue		Business Code 900099	891.			891.
		a b				0,1,1			
		с С							
			All other revenue						
			Total. Add lines 11a-11d			891.			
	12	Ĭ	Total revenue. See instructions.			589,450.	0.	0.	12,603.
43200 11-07-					F	-,			Form <b>990</b> (2014)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a response		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	37,350.	37,350.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	155 226	101 070	21 050	11 101
	trustees, and key employees	155,226.	121,879.	21,856.	11,491.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	100 170	1 1 1 1 7 1	25 260	12 220
7	Other salaries and wages	180,179.	141,471.	25,369.	13,339.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	38,422.	30,168.	5,410.	2,844.
9	Other employee benefits	26,209.	20,579.	3,690.	1,940
10	Payroll taxes	40,409.	40,019.	5,090.	1,540.
11	Fees for services (non-employees):				
	Management	595.		595.	
		16,333.	3,950.	12,383.	
	Accounting	10,333.	5,550.	12,303.	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
f g					
y	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	28,838.	21,744.	5,045.	2,049.
14	Information technology	14,350.	11,267.	2,020.	1,063
15	Royalties		/_		_,
16	Occupancy	72,167.	56,663.	10,161.	5,343.
17	Travel	13,021.	11,188.	1,833.	- /
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,639.	2,639.		
20	Interest	3,088.	2,425.	435.	228.
21	Payments to affiliates	-	-		
22	Depreciation, depletion, and amortization	6,241.	4,900.	879.	462.
23	Insurance	9,924.	7,792.	1,397.	735.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES AND SUBSCRIPTIONS	451.	451.		
b					
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	605,033.	474,466.	91,073.	39,494.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here Figure if following SOP 98-2 (ASC 958-720)				

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## 14001013 793927 17513

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Form **990** (2014)

14001013 793927 17513

			<b>F</b> 0	1110000
_	2014) NUCLEAR INFORMATION AND RESOUR	CE SERVICE	52-	1119677 Page <b>11</b>
Χ	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	32,249.	1	23,935.
2	Savings and temporary cash investments	1,538.	2	
3	Pledges and grants receivable, net	12,500.	3	12,500.
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			

4       Accounts receivable, net       4         5       Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary       4	
Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing       5	
Part II of Schedule L       5         6       Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing       5	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	
section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	
g   employees' beneficiary organizations (see instr). Complete Part II of Sch L   6     7   Notes and loans receivable, net   7	_
7 Notes and loans receivable, net 7	
8 Inventories for sale or use 8	
9 Prepaid expenses and deferred charges 9	
10a Land, buildings, and equipment: cost or other	
basis. Complete Part VI of Schedule D 10a 303, 150.	
b Less: accumulated depreciation 10b 123,655. 189,824. 10c 179,	<u> 495.</u>
11       Investments - publicly traded securities       11	
12 Investments - other securities. See Part IV, line 11 12	
13 Investments - program-related. See Part IV, line 11	
14 Intangible assets 14	
15         Other assets. See Part IV, line 11         28, 125.         15         28, 1	275.
16         Total assets. Add lines 1 through 15 (must equal line 34)         264,236.         16         244,	205.
	125.
18         Grants payable         18	
19   Deferred revenue   19	
20     Tax-exempt bond liabilities     20       21     Escrow or custodial account liability. Complete Part IV of Schedule D     21	
22 Loans and other payables to current and former officers, directors, trustees,	
22       Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L       22         23       Complete Part II of Schedule L       22	
Complete Part II of Schedule L2223Secured mortgages and notes payable to unrelated third parties51,034.23	
23 Secured mortgages and notes payable to unrelated third parties	054.
24   Unsecured notes and loans payable to unrelated third parties   24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X of	•
Schedule D 8,132.25	0.
26         Total liabilities. Add lines 17 through 25         127,627.26         123,	179.
Organizations that follow SFAS 117 (ASC 958), check here  X and	
ο complete lines 27 through 29, and lines 33 and 34.	
	020.
	006.
29 Permanently restricted net assets 29	
Grganizations that do not follow SFAS 117 (ASC 958), check here ►	
ঠ and complete lines 30 through 34.	
9     30     Capital stock or trust principal, or current funds     30	
28       Temporarily restricted net assets       70,334.28       000,         29       Permanently restricted net assets       29         organizations that do not follow SFAS 117 (ASC 958), check here ▶□       30       30         and complete lines 30 through 34.       30       30         31       Paid-in or capital surplus, or land, building, or equipment fund       31         32       Retained earnings, endowment, accumulated income, or other funds       32         32       Teth net exects are fund heleness       136, 60,9       32	
V     32     Retained earnings, endowment, accumulated income, or other funds     32	
33         Total net assets or fund balances         136,609.33         121,	026.
34Total liabilities and net assets/fund balances264,236.34244,	
Form 990	

Form	990 (2014) NUCLEAR INFORMATION AND RESOURCE SERVICE	52-111	9677	Pag	ge <b>12</b>
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			50.
2	Total expenses (must equal Part IX, column (A), line 25)	2			33.
3	Revenue less expenses. Subtract line 2 from line 1	3			83.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	136	0,6	09.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			•	~ ~
	column (B))	10	121	.,0	26.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ite basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
~	If the organization changed either its oversight process or selection process during the tax year, explain in Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			v
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

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SCHEDULE A	
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Department of the Treasury

Total

(Form	990	or	990-	·EZ)
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# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
<b>2014</b>
Open to Public Inspection

Internal Revenue Service ► Information about Schedule A (Form 990 or 990-FZ) and its instructions is at www.irs. gov/form990

Name of the organization
--------------------------

NUCLEAR INFORMATION AND RESOURCE SERVICE         52-1119677           Part           Reason for Public Charity Status (Al organizations must complete this part). See instructions.         The organization is not a private foundation because Its (For line each only one box)         Image: Instruction Instructin Instruction Instruction Instruction Instruction Instr	Nan	ne of t	the organization	on about benedule A		113 1134 401	10113 13 41 W		loyer identification number
The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)         1       A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).         2       A school described in section 170(b)(1)(A)(i). (Alach Schedule E)         3       A nospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:         5       A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)         6       A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(V).         7       X       An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(V). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)         9       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         10       An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organization operated exclusively for the supported organization(s), typically by giving the supported organization operated exclusively to regularize and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organization operated exclusively or controlled by its			•	EAR INFORM	ATION AND RE	SOURC	E SER		
<ul> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).</li> <li>A school described in section 170(b)(1)(A)(iii). (Attach Schedule E).</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</li> <li>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>A comparization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gors investment income and unrelated business taxable income (less section 501 a), to more than 33 1/3% of its support form gors investment income and unrelated and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization adcomplete insertion 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization oper</li></ul>	Pa	rt I							
<ul> <li>section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated, supervised, or controlled by its supported organization(s). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization operated in connection with its supported organization(s). You must complete Part IV, Sections A and C.</li> <li>Type II notionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>Type III non-functionally integrated. A supporting organization operated in connection with this supported organization(s) that is not functionally integrated. A supporting organization operated in connection with as utteriment and anttentiveness requirement (see instructions). You must complete</li></ul>	The 1 2 3 4 5 6		ization is not a private found A church, convention of ch A school described in <b>sect</b> i A hospital or a cooperative A medical research organiz city, and state: An organization operated fo <b>section 170(b)(1)(A)(iv).</b> (C A federal, state, or local gov	lation because it is: ( urches, or association ion 170(b)(1)(A)(ii). ( hospital service org- ation operated in co or the benefit of a co complete Part II.) vernment or governr	For lines 1 through 11, of on of churches describe Attach Schedule E.) anization described in <b>s</b> o njunction with a hospita sellege or university owner nental unit described in	check only d in <b>sectio</b> ection 170 I described d or operation 17 section 17	one box.) on 170(b)( 0(b)(1)(A)(i d in sectio ted by a g 70(b)(1)(A)	I)(A)(i). ii). n 170(b)(1)(A)(iii). E overnmental unit de (v).	escribed in
<ul> <li>8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)</li> <li>10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization gescribed in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its sup</li></ul>	•					ioni a gov	orninorna	unit of norm the ger	
<ul> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>Type III nuctionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>Type III nuctionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization poraled in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete P</li></ul>			A community trust describe An organization that norma activities related to its exen income and unrelated busin	ed in <b>section 170(b)</b> Ily receives: (1) more npt functions - subje ness taxable income	e than 33 1/3% of its sup ct to certain exceptions	port from and (2) no	o more tha	n 33 1/3% of its su	pport from gross investment
11       An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.         b       Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination fro									
<ul> <li>the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</li> <li>Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</li> <li>f Enter the number of supported organizations</li> <li>g Provide the following information about the supported organization (ii) FIN (div) Type organization (iii) Type organization (iii) Type organization (iii) EIN (diver the support organization (iii) III (iii) Type organization (iii) III (iii) Type organization (iii) III (iii) Type organization (iv) Is the organization organization of other support (see Instructions))</li> </ul>			An organization organized a more publicly supported or lines 11a through 11d that	and operated exclus ganizations describe describes the type o	ively for the benefit of, to ed in <b>section 509(a)(1)</b> of supporting organization	perform f r <b>section</b> n and com	the functio <b>509(a)(2)</b> . nplete lines	ons of, or to carry ou See <b>section 509(a)</b> s 11e, 11f, and 11g.	(3). Check the box in
<ul> <li>control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</li> <li>c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</li> <li>e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</li> <li>f Enter the number of supported organizations</li> <li>g Provide the following information about the supported organization(s).</li> <li>(ii) Name of supported (ii) EIN</li> <li>(iii) Type of organization (described on lines 1.9 above or IRC section above or IRC se</li></ul>	а		the supported organization	on(s) the power to re	gularly appoint or elect				
<ul> <li>its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</li> <li>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</li> <li>f Enter the number of supported organizations</li> <li>g Provide the following information about the supported organization(s).</li> <li>(i) Name of supported (ii) EIN</li> <li>(iii) Type of organization listed in your support (see listed in you</li></ul>	b		control or management o	f the supporting org	anization vested in the s				
<ul> <li>that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</li> <li>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</li> <li>f Enter the number of supported organizations</li> <li>g Provide the following information about the supported organization(s).</li> <li>(i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1.9 above or IRC section above or IRC section</li> </ul>	С							-	grated with,
f Enter the number of supported organizations			that is not functionally int requirement (see instruct Check this box if the orga	egrated. The organizions). <b>You must cor</b> anization received a	zation generally must sa nplete Part IV, Sections written determination fro	tisfy a dist <b>s A and D,</b> om the IRS	ribution re , <b>and Part</b> 5 that it is a	quirement and an a <b>V.</b>	ttentiveness
g       Provide the following information about the supported organization(s).         (i) Name of supported organization       (iii) FIN       (iii) Type of organization (described on lines 1-9 above or IRC section       (iv) Is the organization listed in your governing document?       (v) Amount of monetary support (see Instructions)       (vi) Amount of other support (see Instructions)	f	Ente		••					
(i) Name of supported organization       (ii) EIN       (iii) Type of organization (described on lines 1-9 above or IRC section       (iv) Is the organization listed in your governing document?       (v) Amount of monetary other support (see Instructions)       (vi) Amount of other support (see Instructions)									
			i) Name of supported		(iii) Type of organization (described on lines 1-9 above or IRC section	listed i governing o	in your document?	support (see	other support (see

LHA For Paperwork Reduction Act Notice, see the Instructions for

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Schedule A (Form 990 or 990-EZ) 2014

#### Schedule A (Form 990 or 990-EZ) 2014 NUCLEAR INFORMATION AND RESOURCE SERVICE52-1119677 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	394,144.	644,045.	639,754.	397,102.	576,847.	2651892.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	394,144.	644,045.	639,754.	397,102.	576,847.	2651892.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						421,704.
	Public support. Subtract line 5 from line 4.						2230188.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011 644,045.	(c) 2012 639,754.	(d) 2013 397,102.	(e) 2014	(f) Total 2651892.
7	Amounts from line 4	394,144.	644,045.	639,754.	397,102.	576,847.	2651892.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	C 0.5.5	<pre>c</pre>		10 0	10 000	45 560
	and income from similar sources $\dots$	6,857.	6,902.	8,140.	13,355.	10,306.	45,560.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	11 599			17 070	0.0.1	
	assets (Explain in Part VI.)	11,577.	1,057.	5,476.	17,979.	891.	36,980.
	Total support. Add lines 7 through 10						2/34432.
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (			column (f))		14	81.56 %
	Public support percentage from 2013					15	72.58 %
	33 1/3% support test - 2014. If the o					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	·		·	► X
b	33 1/3% support test - 2013. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	heck this box and	<b>stop here.</b> Explain	in Part VI how the	•
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s 🕨 🗌
					Sche	dule A (Form 990	or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
E	The value of services or facilities						
5							
	furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons						
U	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						
с	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b 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. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organ	ization,
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2014 (	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Inve						
17	Investment income percentage for 20	<b>)14</b> (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	<b>33 1/3% support tests - 2014.</b> If the						
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
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#### Schedule A (Form 990 or 990-EZ) 2014 NUCLEAR INFORMATION AND RESOURCE SERVICE52-1119677 Page 4

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2014

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Yes

1

2

No

## Schedule A (Form 990 or 990-EZ) 2014 NUCLEAR INFORMATION AND RESOURCE SERVICE52-1119677 Page 5

1 0	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
2	By reason of the relationship described in (2), did the organization's supported organizations have a	~		
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
<u></u>	supported organizations played in this regard. tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
a k	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	wetten		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		Na
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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 <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
43202	5 09-17-14 Schedule A (Form 9	90 or 99	0-EZ)	2014
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# Schedule A (Form 990 or 990-EZ) 2014 NUCLEAR INFORMATION AND RESOURCE SERVICE52-1119677 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <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 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	_		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	/-integra	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2014

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## Schedule A (Form 990 or 990-EZ) 2014 NUCLEAR INFORMATION AND RESOURCE SERVICE52-1119677 Page 7

Par	t V   Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	
Secti	on D - Distributions		· · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	าร		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
с				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
c				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

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Part V					he explanations re ormation. (See inst		art II, IINE TU; Par	t II, line 17a or 17b; and Part	III, IINE 12.
SCHEI	DULE A, I	PART	II, LIN	IE 10,	EXPLANAT	ION FO	R OTHER	INCOME:	
MISC	REFUNDS	AND	OTHER 1	NCOME					
2010	AMOUNT:	\$	11,577.						
2011	AMOUNT:	\$	1,057.						
2012	AMOUNT:	\$	5,476.						
2013	AMOUNT:	\$	17,979.						
2014	AMOUNT:	\$	891.						
	17-14							Schedule A (Form 990 o	or 990-F7)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

** PUBLIC DISCLOSURE COPY **

## **Schedule of Contributors**

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

OMB No. 1545-0047

## 2014

Employer identification number

NUCLEAR I	INFORMATION	AND	RESOURCE	SERVICE
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52-1119677

ergunzation type (encord of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

#### NUCLEAR INFORMATION AND RESOURCE SERVICE

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$61,749.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>30,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>62,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
423452 11-05	5-14	\$ <u>60,000.</u> Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2014)
	22		, -, <i>.</i> , ( <b>-</b> • · · )

Employer identification number 52-1119677

Name of organization

Part I

#### NUCLEAR INFORMATION AND RESOURCE SERVICE

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
423452 11-0	<u>5-14</u>	\$ Schedule B (Form	Person Payroll Occupient Payroll Payroll Occupient Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2014)

Employer identification number

52-1119677

Name of organization

### NUCLEAR INFORMATION AND RESOURCE SERVICE

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Employer identification number

52-1119677

Page 3

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me of organi			Employer identification nu					
	INFORMATION AND RESO	URCE SERVICE	52-1119677					
art III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations describe columns (a) through (e) and the foll	ed in section 501(c)(7), (8), or (10) that total more than \$1 lowing line entry. For organizations					
	completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000	or less for the year. (Enter this info. once.) <b>*</b>					
	Use duplicate copies of Part III if addition	al space is needed.						
a) No. from Port I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-								
		(e) Transfer of gi	jift					
	Transferee's name, address, a		Relationship of transferor to transferee					
-								
-								
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(,	(-,						
—		<u></u>						
—   —								
		(e) Transfer of gi	jift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
-		[						
-								
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I	(2) - 2 - 5 - 5	(-, 3	(-,					
_								
		(e) Transfer of gi	jift					
	Transformalisments address							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
-								
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I		-						
—								
	(e) Transfer of gift							
		ad <b>7</b> ID + 4	Polotionabia of transferrer to transferrer					
	Transferee's name, address, a		Relationship of transferor to transferee					
I —								
-								
			Schedule B (Form 990, 990-EZ, or 990					

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization is described below.</li> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.</li> </ul>	Open to Public Inspection
If the organization ans	wered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activ	ities), then
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations: Complete Parts I-A and B. Do not complete Part I-C.	
<ul> <li>Section 501(c) (other</li> </ul>	r than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.	
<ul> <li>Section 527 organiz</li> </ul>	ations: Complete Part I-A only.	
If the organization ans	wered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), the	n
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not comple	ete Part II-B.
<ul> <li>Section 501(c)(3) or</li> </ul>	ganizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not co	omplete Part II-A.
If the organization ans	wered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, P	art V, line 35c (Proxy
Tax) (see separate inst	ructions), then	
<ul> <li>Section 501(c)(4), (5</li> </ul>	), or (6) organizations: Complete Part III.	

Nar	ne of orga	hization	Employe	r identificatio	n number
		NUCLEAR INFORMATION AND RESOURCE SERVICE		2-11196	577
Pa	art I-A	Complete if the organization is exempt under section 501(c) or is a section	527 orga	nization.	
1	Provide a	a description of the organization's direct and indirect political campaign activities in Part IV.			
2	Political	expenditures	▶\$		
3		r hours			
Pá	art I-B	Complete if the organization is exempt under section 501(c)(3).			
1	Enter the	amount of any excise tax incurred by the organization under section 4955	▶\$		
2	Enter the	amount of any excise tax incurred by organization managers under section 4955	▶\$		
3	If the org	anization incurred a section 4955 tax, did it file Form 4720 for this year?		Yes	No No
4	a Was a co	prrection made?		Yes	No No
		describe in Part IV.			
Pa	art I-C	Complete if the organization is exempt under section 501(c), except section	n 501(c)(3	3).	
1	Enter the	amount directly expended by the filing organization for section 527 exempt function activities	▶\$		
2	Enter the	amount of the filing organization's funds contributed to other organizations for section 527			
	exempt f	unction activities	▶\$		
3	Total exe	mpt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,			
	line 17b		▶\$		
4	Did the f	ling organization file Form 1120-POL for this year?		Yes	No No
5	Enter the	names, addresses and employer identification number (EIN) of all section 527 political organization	s to which th	e filing organi:	zation

made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2014

LHA 432041 10-21-14

Sche		AR INFORMATION AND RESOURCE		
Pa	· · ·	on is exempt under section 501(c)(3) and fil	ed Form 5768 (e	lection under
	section 501(h)).			
A C	heck 🕨 🛄 if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	l group member's nam	e, address, EIN,
	expenses, and share of exces	s lobbying expenditures).		
BC	heck 🕨 🛄 if the filing organization check	ed box A and "limited control" provisions apply.		
		oying Expenditures leans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)	0.	
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	0.	
с	Total lobbying expenditures (add lines 1a and	d 1b)		
d			605,033.	
е	Total exempt purpose expenditures (add line	s 1c and 1d)	605,033.	
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	115,755.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	28,939.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j		er line 1h or line 1i, did the organization file Form 4720		Yes No

reporting section 4911 tax for this year?

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.) abbying Ev ditures During 4 Ve .

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	<b>(e)</b> Total			
<b>2a</b> Lobbying nontaxable amount	117,324.	100,934.	103,125.	115,755.	437,138.			
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					655,707.			
<b>c</b> Total lobbying expenditures	6,750.	200.	26,042.		32,992.			
d Grassroots nontaxable amount	29,331.	25,234.	25,781.	28,939.	109,285.			
<ul> <li>e Grassroots ceiling amount (150% of line 2d, column (e))</li> </ul>					163,928.			
f Grassroots lobbying expenditures	3,000.	1,000.	18,229.		22,229.			

Schedule C (Form 990 or 990-EZ) 2014

432042 10-21-14

#### Schedule C (Form 990 or 990-EZ) 2014 NUCLEAR INFORMATION AND RESOURCE SERVIC 52-1119677 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(á	a)	(b	)
of the	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," Ol	R (b) Par	t III-A, lir	ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)				
Par					
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2014

432043 10-21-14

SCHEDULE D	Supp
(Form 990)	► Com

## plemental Financial Statements

Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. On about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No. 1545-0047 Δ **Open to Public** Inspection

Department of the Treasury	Attach to Form 99
Internal Revenue Service	Information about Schedule D (Form 990) and its ins
Name of the organizati	on

Employer identification number

		N AND RESOURCE SERVICE	
Pa			or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(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	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		•
	for charitable purposes and not for the benefit of the donor of		
D			
Pa		÷	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		ically important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified 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
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired	-	
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
~	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	-	
	include, if applicable, the text of the footnote to the organiza conservation easements.	alon s intericial statements that describes th	le organization s'accounting for
Pa	t III Organizations Maintaining Collections of	of Art. Historical Treasures, or Oth	ner Similar Assets
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (As		ent and balance sheet works of art
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (As		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		
	,		
LHA	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2014
43205 10-01-			. ,

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29 2014.04030 NUCLEAR INFORMATION AND RES 17513_1

-		INFORMATIO						52-11			age <b>2</b>
Pa	rt III Organizations Maintaining C		-							,	
3	Using the organization's acquisition, accession	on, and other record	s, check a	ny of the f	ollowing th	at are a si	gnificant ı	use of its	collectio	n item	S
	(check all that apply):										
а	Public exhibition	d			nange progr						
b	Scholarly research	е	L Ot	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit or								-	_	1
De	to be sold to raise funds rather than to be ma							<u></u>	Yes		No
Ра	rt IV Escrow and Custodial Arrang		te if the or	ganizatior	n answered	"Yes" to	Form 990	, Part IV, I	ine 9, or		
<u> </u>	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia								7		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing tab	ole:							
									Amount		
	Beginning balance										
a	Additions during the year										
e r	Distributions during the year						<u>1e</u> 1f				
20	Ending balance Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						ity ?		165		]
	rt V Endowment Funds. Complete if						0				_
		(a) Current year	(b) Prio		(c) Two yea		(d) Three y	ears back	(e) Four	vears	hack
1a	Beginning of year balance	(u) current your		r your	(0) 1110 900	are buok	<b>(u)</b> 11100 y	ouro puon	(0) ! oui	youro	buon
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g,	column (a)	)) held as:	<b>I</b>					
а	Board designated or quasi-endowment		%		-						
b	Permanent endowment	%	_								
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c shou	ld equal 100%.									
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that a	are held ar	nd administ	ered for th	ne organiz	ation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
									3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedul	e R?					Зb		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Pa	rt VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	"Yes" to Form 990,	Part IV, li	ne 11a. Se	e Form 990	), Part X, I	ine 10.				
	Description of property	(a) Cost or ot basis (investm		(b) Cost ( basis (d	other)	dep	cumulate preciation	d	(d) Bool		
1a	Land				0,000.					),0	
	Buildings			150	0,000.		21,1	53.	128	3,84	47.
	Leasehold improvements										
d	Equipment			10:	3,150.	1	102,50	02.		6	48.
	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must ea	qual Form 990, Part J	X, column	(B), line 10	0c.)				17	9,4	95.

Schedule D (Form 990) 2014

432052 10-01-14

Schedule D (	Form 990) 2014	NUCLEAR	INFORMATION	AND	RESOURCE	SERVICE	52-1119677	Page <b>3</b>
Part VII	Investments -	Other Securitie	es.					

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

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

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

### Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	28,275.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	28,275.

#### Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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 X

Schedule D	(Form 990)	) 2014

432053 10-01-14

Sche	edule D (Form 990) 2014 NUCLEAR INFORMATION AND R				119677 _{Page} 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		venue per Ret	turn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 123	a.			
1	Total revenue, gains, and other support per audited financial statements			1	589,450.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			_
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	589,450.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
с				1c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	589,450.
				-	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Ex		etur	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 123	<b>ments With Ex</b> a.	penses per R	etur	n.
<b>Pa</b>	rt XII Reconciliation of Expenses per Audited Financial State	<b>ments With Ex</b> a.	penses per R	etur	
	Reconciliation of Expenses per Audited Financial States         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With Ex	penses per R		n.
1	Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" to Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	ments With Ex	penses per R		n.
1 2	Reconciliation of Expenses per Audited Financial States         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ments With Ex a. 	penses per R		n.
1 2 a	Reconciliation of Expenses per Audited Financial States         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	ments With Ex a. 2a 2b	penses per R		n.
1 2 a b	Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a           2b           2c	penses per R		n. 605,033.
1 2 a b	Reconciliation of Expenses per Audited Financial States         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a           2b           2c           2d	penses per R		n. <u>605,033.</u> 0.
1 2 b c d	Reconciliation of Expenses per Audited Financial States         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	penses per R	1	n. 605,033.
1 2 b c d e	Reconciliation of Expenses per Audited Financial States         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a           2b           2c           2d	penses per R	1 2e	n. <u>605,033.</u> 0.
1 2 b c d e 3	rt XII       Reconciliation of Expenses per Audited Financial States         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a           2b           2c           2d	penses per R	1 2e	n. <u>605,033.</u> 0.
1 2 6 6 8 3 4	Reconciliation of Expenses per Audited Financial States         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a           2b           2c           2d	penses per R	1 2e	n. 605,033. 0. 605,033.
1 2 a b c d e 3 4 a	<b>Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)         Add lines 4a and 4b	2a       2b       2c       2d	penses per R	1 2e	n. <u>605,033.</u> 0. <u>605,033.</u> 0.
1 2 a b c d e 3 4 a b c 5	rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" to Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a       2b       2c       2d	penses per R	1 2e 3	n. 605,033. 0. 605,033.

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:

NIR	S BE	ELIEVES	S THAT	г іт	HAS .	APPR	<b>DPRI</b>	ATE	SUP	PORT	FOR	ANY	TAX I	POSIT	IONS	TAKE	EN,
AND	AS	SUCH,	DOES	NOT	HAVE	ANY	UNCI	ERTZ	AIN	TAX	POSI	FIONS	THA'	T ARE	MATI	ERIAI	J
TO '	THE	FINANC	CIAL S	STAT	EMENT	S OR	THAT	r wo	OULD	HAV	E AN	EFFE	CT O	N ITS	TAX-	-EXEM	ſРТ
STA	TUS.	THERI	E ARE	NO	UNREC	OGNIZ	ZED	ГАХ	BEN	EFIT	'S OR	LIAB	ILIT	IES T	нат 1	NEED	то
BE I	RECO	ORDED.															

SCHEDULE F	Stateme	OMB No. 1545-0047				
(Form 990)	Complete if			2014		
Department of the Treasury				Open to Public		
	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fo		Inspection
Name of the organization					Employer ide	entification number
NUCLEAR INFORMA					52-1119	
		Activities Ou	tside the United States. Compl	ete if the orgar	nization answere	ed "Yes" on
Form 990, Part I		a maintain raaar	ds to substantiate the amount of its gr	anto and other	aggiotanag	
-	•		the selection criteria used to award th		· · ·	Yes X No
2 For grantmakers. Deso United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance	outside the
3 Activities per Region. (1	he following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE						
PACIFIC	C	0	PROGRAM SERVICES	GRANTS		27,350.
EUROPE (INCLUDING						
ICELAND & GREENLAND)	C	0	PROGRAM SERVICES	GRANTS		10,000.
						,
<b>3.2</b> Subtotal	0	0				37,350.
<b>3 a</b> Sub-total <b>b</b> Total from continuation		0				57,550.
sheets to Part I	C	0				0.
c Totals (add lines 3a						
and 3b)	0	0				37,350.

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

432071 09-24-14

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014

52-1119677

## Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)		
		EUROPE (INCLUDING								
		ICELAND &	PAYMENT TO THE							
		GREENLAND) -	MAGAZINE EDITOR FOR							
		ALBANIA, ANDORRA,	WISE	10,000.		0.				
		EAST ASIA AND THE	EDUCATIONAL							
		PACIFIC -	ACTIVITIES ABOUT							
		AUSTRALIA,	NUCLEAR POWER AND							
		BRUNEI, BURMA,	EFFECTS OF THE	27,350.		0.				
		<u> </u>	<u> </u>		I					
			recognized as charities by the					2		
			n 501(c)(3) equivalency letter					<u> </u>		
<ul> <li>Enter total number of</li> </ul>	3 Enter total number of other organizations or entities									

Page **3** 

## Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2014

# Schedule F (Form 990) 2014 NUCLEAR INFORMATION AND RESOURCE SERVICE 52-1119677 Page 4 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	🗌 Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621</i> , <i>Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund</i> (see <i>Instructions for Form 8621</i> )	🗌 Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	🗌 Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

432074 09-24-14

## Schedule F (Form 990) 2014 NUCLEAR INFORMATION AND RESOURCE SERVICE 52-1119677 Page 5 Part V Supplemental Information

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

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,

(D) PURPOSE OF GRANT: EDUCATIONAL ACTIVITIES ABOUT NUCLEAR POWER AND

EFFECTS OF THE FUKUSHIMA DISASTER

432075 09-24-14

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www_irs_gov/form990

OMB No. 1545-0047

NUCLEAR INFORMATION AND RESOURCE SERVICE

Employer identification number 52 - 1119677

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

CONCERNED ABOUT NUCLEAR POWER, RADIOACTIVE WASTE, RADIATION AND

SUSTAINABLE ENERGY ISSUES.

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

OFFSITE AT WEST VALLEY. THE AUTHOR OF THE STUDIES WILL MEET FOR PUBLIC

BRIEFINGS WITH ELECTED OFFICIALS, PUBLIC INTEREST ALLIES AND FOR MEDIA

WORK. PUBLIC EDUCATION AND OUTREACH IS BEING CARRIED OUT WITH EVENTS TO

PUBLICIZE THE WEST VALLEY NUCLEAR PROBLEMS. ADDITIONALLY, EFFORTS ARE

BEING MADE TO CONTINUE TO TRACK DOE PHYSICAL SITE ACTIVITIES AND

PROVIDE DETAILED INPUT ON DOE'S SCIENCE PANEL AND STUDY TEAMS.

FORM 990, PART VI, SECTION A, LINE 1:

IN THE PERIOD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, THE EXECUTIVE <u>COMMITTEE SHALL HAVE AND EXERCISE ALL THE POWERS AND DUTIES NECESSARY TO</u> <u>IMPLEMENT THE POLICIES OF THE BOARD. THE EXECUTIVE COMMITTEE SHALL CONSIST</u> <u>OF NO MORE THAN FIVE MEMBERS, ALL OF WHOM SHALL BE DIRECTORS. THE MEMBERS</u> <u>SHALL BE THE PRESIDENT, SECRETARY, AND THREE OTHER MEMBERS AS MAY BE</u> ELECTED BY THE BOARD.

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

A COPY OF THE COMPLETED FORM 990 IS PROVIDED TO THE FULL BOARD FOR THEIR REVIEW BEFORE IT IS SIGNED AND FILED WITH THE IRS.

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

 

 THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2014)

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Schedule O (Form 990 or 990-EZ) (2014) Page <b>2</b>								
Name of the organization	Employer identifi 52-1119							
INTEREST POLI	CY ON AN A	NNUAL BASIS.	THE ORGANIZA	TION'S EX	ECUTIVE DI	RECTOR		
FOLLOWS UP WI	<b>TH ANY EMP</b>	LOYEE OR BOAR	D MEMBER WHO	HAS NOT	SUBMITTED	THE		
REQUIRED SIGN	ED FORM TN	Α ΤΤΜΕΊ.Υ ΜΑΝ	INER .					

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

THE PROCESS FOR DETERMINING COMPENSATION OF THE EXECUTIVE DIRECTOR INCLUDES

A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, AND CONTEMPORANEOUS

SUBSTANTIATION OF THE DELBERATION AND DECISION. THE LAST

COMPENSATION/PERFORMANCE REVIEW WAS CONDUCTED IN JANUARY 2014.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THEIR

WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST

POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PROCESS OR PROCESS

OF SELECTION OF AN INDEPENDENT ACCOUNTANT DURING THE TAX YEAR.

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