See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Form 990-EZ

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2008 calendar year, or tax year beginning
and ending

B Check if applicable
X Change

C Name of organization
TRUMAN NATIONAL SECURITY PROJECT

D Employer identification number
20-1597444

E Telephone number
(202) 216-9723

F Group Exemption Number

G Accounting method
X Accrual

I Website:
TRUMANPROJECT.ORG

J Check if organization type (check only one)—X 501(c)(4)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ
$ 284,328.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received
2 Program service revenue including government fees and contracts
3 Membership dues and assessments
4 Investment income

5a Gross amount from sale of assets other than inventory
5b Less cost or other basis and sales expenses
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)

6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here

7a Gross sales of inventory, less returns and allowances
7b Less cost of goods sold
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8 Other revenue (describe)

9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6b, 6c, and 8

10 Grants and similar amounts paid (attach schedule)
11 Benefits paid to or for members
12 Salaries, other compensation, and employee benefits
13 Professional fees and other payments to independent contractors
14 Occupancy, rent, utilities, and maintenance
15 Printing, publications, postage, and shipping
16 Other expenses (describe)

17 Total expenses. Add lines 10 through 16

18 Excess or (deficit) for the year (Subtract line 17 from line 9)

19 Net assets or fund balances at beginning of year (from line 27, column (A))
20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year. Combine lines 18 through 20

Part II Balance Sheets

A Beginning of year

See Statement 2

See Statement 3

Net assets or fund balances (line 27 of column (B) must agree with line 21)

Cash, savings, and investments

Land and buildings

Other assets (describe)

Total assets

Total liabilities (describe)

177,230

8,086

185,316

10,260

148,951

59,450

208,401

47,753

160,648

Form 990-EZ (2008)

10430815 753409 TRUMAN 2008.03020 TRUMAN NATIONAL SECURITY PR TRUMAN_1

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

LHA
**Form 990-EZ (2008) TRUMAN NATIONAL SECURITY PROJECT 20-1597444 Page 2**

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 8**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

**28 SEE STATEMENT 6**

(Grants $ ) If this amount includes foreign grants, check here □ 28a 73,815.

**29**

(Grants $ ) If this amount includes foreign grants, check here □ 29a

**30**

(Grants $ ) If this amount includes foreign grants, check here □ 30a

**31 Other program services (attach schedule)**

(Grants $ ) If this amount includes foreign grants, check here □ 31a

**32 Total program service expenses (add lines 28a through 31a)** □ 32 73,815.

**Part IV List of Officers, Directors, Trustees, and Key Employees**

List each one even if not compensated. (See the instructions for Part IV)

<table>
<thead>
<tr>
<th>(a) Name and address</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation (If not paid, enter -0-)</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>RACHEL KLEINFELD</td>
<td>EXECUTIVE DIRECTOR 40.00</td>
<td>25,139</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>MATHEW SPENCE</td>
<td>BOARD MEMBER 1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JOY DRUCKER</td>
<td>PRESIDENT 1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PIERRE CHAO</td>
<td>BOARD MEMBER 1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DEREK CHOLLET</td>
<td>TREASURER 1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JAMIE SMITH</td>
<td>BOARD MEMBER 1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SALLY PAINTER</td>
<td>BOARD MEMBER 1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>STEPHEN BAILEY</td>
<td>BOARD MEMBER 1.00</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
33. Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.
   - Yes: X
   - No: 

34. Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a copy of the changes.
   - Yes: X
   - No: 

35. If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.
   a. Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?
      - Yes: 
      - No: X
   b. If "Yes," has it filed a tax return on Form 990-T for this year?
      - Yes: 
      - No: X
   c. If the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?
      - Yes: 
      - No: X

36. Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N.
   - Yes: X
   - No: 

37a. Enter amount of political expenditures, direct or indirect, as described in the instructions.
   - 12,206

37b. Did the organization file Form 1120-POL for this year?
   - Yes: 
   - No: X

38a. Did the organization acquire property or make loans to any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?
   - Yes: 
   - No: X

39. Section 501(c)(7) organizations Enter.
   a. Initiation fees and capital contributions included on line 9
   - N/A
   b. Gross receipts, included on line 9, for public use of club facilities
   - N/A

40a. Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under sections 4911, 4912, 4913, 4955, and 4958.
   - N/A

40b. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
   - 0

40c. Enter amount of tax on line 40c reimbursed by the organization.
   - 0

41. List the states with which a copy of this return is filed.
   - DC

42a. The books are in care of TRUMAN NATIONAL SECURITY PROJECT Telephone no (202) 216-9723.
   Located at 1420 K STREET, NW, SUITE 250, WASHINGTON, DC ZIP 20005.

42b. At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
   - Yes: 
   - No: X

42c. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
   - Yes: 
   - No: X

43. At any time during the calendar year, did the organization maintain an office outside of the U.S.?
   - Yes: 
   - No: X

44. Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.
   - Yes: X
   - No: 

45. Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.
   - Yes: X
   - No: 

Form 990-EZ (2008)
**Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

**46.** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>46</td>
</tr>
</tbody>
</table>

**47.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

<table>
<thead>
<tr>
<th></th>
<th>47</th>
</tr>
</thead>
</table>

**48.** Is the organization operating a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E

<table>
<thead>
<tr>
<th></th>
<th>48</th>
</tr>
</thead>
</table>

**49a.** Did the organization make any transfers to an exempt non-charitable related organization?

**b.** If "Yes," was the related organization(s) a section 527 organization?

**50.** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $100,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total number of other employees paid over $100,000**

**51.** Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $100,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total number of other independent contractors each receiving over $100,000**

---

**Sign Here**

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

Signature of officer: ____________________________ Date: 08/15/09

RACHEL KLEINFELD, EXEC.DIRECTOR

---

Preparer's signature: ____________________________ Date: 08/15/09

Firm's name (or yours if self-employed), address, and ZIP + 4:

SALTI & ASSOCIATES, LLC

6415 LYRIC LANE

FALLS CHURCH, VA 22044

Check if self-employed: [ ]

Preparer's identifying number (see instr.):

EIN: 20-3551532

Phone: (703) 941-0051

May the IRS discuss this return with the preparer shown above? See instructions: [ ] Yes [ ] No

---

Form 990-EZ (2008)
<table>
<thead>
<tr>
<th>Asset Number</th>
<th>Description of Property</th>
<th>Date placed in service</th>
<th>Method/IRC sec</th>
<th>Life or rate</th>
<th>Line No</th>
<th>Cost or other basis</th>
<th>Basis reduction</th>
<th>Accumulated depreciation/amortization</th>
<th>Current year deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>7LAPTOP</td>
<td></td>
<td>1105.05SL SL</td>
<td>3.00</td>
<td>16</td>
<td></td>
<td>1,312.</td>
<td></td>
<td>947.</td>
<td>365.</td>
</tr>
<tr>
<td>8WEBSITE DEVELOPMENT</td>
<td></td>
<td>0831.05SL SL</td>
<td>5.00</td>
<td>16</td>
<td></td>
<td>7,200.</td>
<td></td>
<td>3,360.</td>
<td>1,440.</td>
</tr>
<tr>
<td>9MACHINES COMPUTERS/BEST BUY</td>
<td></td>
<td>0530.07SL SL</td>
<td>5.00</td>
<td>16</td>
<td></td>
<td>972.</td>
<td></td>
<td>113.</td>
<td>194.</td>
</tr>
<tr>
<td>10TELEPHONE SYSTEM</td>
<td></td>
<td>0904.08SL SL</td>
<td>5.00</td>
<td>16</td>
<td></td>
<td>3,800.</td>
<td></td>
<td></td>
<td>253.</td>
</tr>
<tr>
<td>11WEBSITE DEVELOPMENT</td>
<td></td>
<td>0724.08SL SL</td>
<td>4.00</td>
<td>16</td>
<td></td>
<td>3,300.</td>
<td></td>
<td></td>
<td>344.</td>
</tr>
<tr>
<td>* TOTAL 990-EZ PG 1 DEPR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16,584.</td>
<td>0.</td>
<td>4,420.</td>
<td>2,596.</td>
</tr>
</tbody>
</table>
## FORM 990-EZ
### OTHER EXPENSES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFFICE SUPPLIES</td>
<td>4,528</td>
</tr>
<tr>
<td>TELEPHONE</td>
<td>950</td>
</tr>
<tr>
<td>PROMOTION</td>
<td>1,418</td>
</tr>
<tr>
<td>TRAVEL EXPENSES</td>
<td>13,736</td>
</tr>
<tr>
<td>MEETINGS AND CATERING</td>
<td>31,013</td>
</tr>
<tr>
<td>BUSINESS INSURANCE</td>
<td>1,072</td>
</tr>
<tr>
<td>BANK FEES</td>
<td>1,079</td>
</tr>
<tr>
<td>RESOURCE MATERIALS</td>
<td>473</td>
</tr>
<tr>
<td>MISCELLANEOUS</td>
<td>97</td>
</tr>
<tr>
<td>OVERHEAD</td>
<td>-8,147</td>
</tr>
</tbody>
</table>

**TOTAL TO FORM 990-EZ, LINE 16**

46,219.

## FORM 990-EZ
### OTHER ASSETS

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEG. OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREPAID EXPENSES</td>
<td>2,020</td>
<td>5,423</td>
</tr>
<tr>
<td>OTHER ACCOUNTS (TRSE)</td>
<td>1,002</td>
<td>8,147</td>
</tr>
<tr>
<td>ACCOUNTS RECEIVABLE - PLEDGES</td>
<td>0</td>
<td>6,300</td>
</tr>
<tr>
<td>SECURITY DEPOSITS</td>
<td>0</td>
<td>30,012</td>
</tr>
<tr>
<td>OTHER DEPRECIABLE ASSETS</td>
<td>5,064</td>
<td>9,568</td>
</tr>
</tbody>
</table>

**TOTAL TO FORM 990-EZ, LINE 24**

8,086. 59,450.

## FORM 990-EZ
### OTHER LIABILITIES

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BEG. OF YEAR</th>
<th>END OF YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOUNTS PAYABLE AND ACCRUED EXPENSES</td>
<td>10,260</td>
<td>23,640</td>
</tr>
<tr>
<td>SECURITY DEPOSIT PAYABLE</td>
<td>0</td>
<td>22,508</td>
</tr>
<tr>
<td>DUE TO TRSE</td>
<td>0</td>
<td>1,605</td>
</tr>
</tbody>
</table>

**TOTAL TO FORM 990-EZ, LINE 26**

10,260. 47,753.
<table>
<thead>
<tr>
<th>FORM 990-EZ</th>
<th>OCCUPANCY, RENT, UTILITIES AND MAINTENANCE</th>
<th>STATEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION</td>
<td>AMOUNT</td>
<td></td>
</tr>
<tr>
<td>DEPRECIATION</td>
<td>2,596.</td>
<td></td>
</tr>
<tr>
<td>OTHER EXPENSES</td>
<td>14,247.</td>
<td></td>
</tr>
<tr>
<td>TOTAL TO FORM 990-EZ, LINE 14</td>
<td>16,843.</td>
<td></td>
</tr>
</tbody>
</table>
WE BUILD THE NEXT GENERATION OF PROGRESSIVE NATIONAL SECURITY LEADERS, THROUGH ACTIVE RECRUITMENT, SKILL-BUILDING, AND MENTORING PROGRAMS FOR YOUNG LEADERS IN THEIR 20S AND 30S. WE CREATE AND PUBLISH PAPERS, ARTICLES, SPEECHES, AND OTHER WRITINGS THAT UNITE PROGRESSIVE VALUES AND SECURITY, FORMING A NEW IDEAS BASE FOR PROGRESSIVE NATIONAL SECURITY IDEALS. WE REACH OUT TO AMERICANS ACROSS THE COUNTRY, THE MILITARY, CAPITOL HILL, COLLEGE STUDENTS, AND OTHER CONSTITUENCIES TO REINVIGORATE THE STRONG PROGRESSIVE SECURITY TRADITION THROUGH TALKS, SPEECHES, AND OTHER FORUMS.
A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?  . . . . . . . . . . . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?  . . [ ] YES [X] NO
THE TRUMAN NATIONAL SECURITY PROJECT EXISTS TO REVIVE THE STRONG PROGRESSIVE NATIONAL SECURITY TRADITION. WE UNITE AMERICANS NATIONWIDE WHO BELIEVE IN STRONG SECURITY, AND STRONG PROGRESSIVE VALUES. WITH THIS NETWORK WE DEVELOP POLICIES, COMMUNICATION TOOLS, AND ENGAGING PROJECTS TO HELP POLITICAL LEADERS AND LEADING PROGRESSIVES ADVANCE A STRONG SECURITY, STRONG VALUES AGENDA WORLDWIDE.