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

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.ire.gov/form990

Open to Public

A F	or the	2014 calendar year, or tax year beginning SI	EP 1, 2014 and	d ending J	ŬL 31, 2015	<del></del>	
В	Check if	C Name of organization	<del></del>		D Employer identific	ation number	
а	pplicable				,		
[	Addres	NATIONAL FORENSIC LEAGE	JE				
	Name change		<del></del>	ASSOCIA	39-08	340589	
	Initial	Number and street (or P.O. box if mail is not deli		Room/suite	E Telephone number		
┌	Final	125 WATSON ST	voicu to street address;	riconvante	(920)		
	√return/ termin- ated	City or town, state or province, country, and 2	ZID or foreign poetal and	<u> </u>	G Gross receipts \$	4,293,269.	
	Amend		zir or loreign postal code				
F	lreturn Applica		SCOTT WIINN		H(a) Is this a group re		
	⊥tion pendin	SAME AS C ABOVE	SCOII WONN		for subordinates		
			(2047/2)		H(b) Are all subordinates in		
		mpt status: LX   501(c)(3)	(insert no.) 4947(a)(1)	) or 527	•	ist. (see instructions)	
					H(c) Group exemption		
_			ociation Other	L Year	of formation: 1925 M	State of legal domicile: WI	
Pě	art I	Summary					
9	1 1	Briefly describe the organization's mission or most	significant activities. THE	NATION	AL SPEECH &		
Governance		ASSOCIATION AND NATIONAL I					
ērr	2	Check this box 🕨 📖 if the organization discon	tinued its operations or dispe	osed of more	than 25% of its net as	_	
Š	I	Number of voting members of the governing body (	·		3	8	
	4	Number of independent voting members of the gov	erning body (Part VI, line 1b)	)	4	8	
es	5	Fotal number of individuals employed in calendar y	ear 2014 (Part V, line 2a)		5	34	
Ξ	6	Total number of volunteers (estimate if necessary)			<del></del> 7 6	100	
Activities &	7 a -	otal unrelated business revenue from Part VIII, col	umn (C), line 12		7a	37,208.	
	b i	Net unrelated business taxable income from Form S	990-T, line 34		7b	-7,351.	
			MUL 🖺 JUN 0	2 2016	Öprior Year	Current Year	
Ð	8 (	Contributions and grants (Part VIII, line 1h)	MIN O	W EA16	<b>9</b> 769,462.	1,045,498.	
Ĭ	9 1	Program service revenue (Part VIII, line 2g)	مردنه بمرسيس	ويبه حجد دو	11,807,079.	3,247,656.	
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)	N. J.	485.	115.	
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	ATTENDED TO A PART OF A PA	To his party where	93,733.	0.	
		Total revenue - add lines 8 through 11 (must equal l	· ·		2,670,759.	4,293,269.	
		Grants and similar amounts paid (Part IX, column (A			183,158.	477,936.	
		Benefits paid to or for members (Part IX, column (A)	· ·	<u> </u>	0.	0.	
ý		Salaries, other compensation, employee benefits (F	•	, <u> </u>	1,117,107.	1,307,783.	
Expenses		Professional fundraising fees (Part IX, column (A), III		′ <u> </u>	75,516.	0.	
bei		Total fundraising expenses (Part IX, column (D), line		507.			
Щ		Other expenses (Part IX, column (A), lines 11a-11d,	· —	<del></del>	1,408,374.	2,525,474.	
		Fotal expenses, Add lines 13-17 (must equal Part I)	•	-	2,784,155.	4,311,193.	
		·		<del>                                     </del>	440 000	4 - 4 - 4	
es	13-	Revenue less expenses Subtract line 18 from line	14	D.	-113,396.	-17,924.	
Net Assets or Fund Balances	20	otal assets (Part X, line 16)		De	914,863.	End of Year 1,109,769.	
Ass. Bal	21	•			706,631.	919,461.	
let /	21	Total liabilities (Part X, line 26)		<u> </u>	208,232.	190,308.	
	ırt II	Net assets or fund balances Subtract line 21 from Signature Block	line 20	<u> </u>	200,232.	190,300.	
		ties of perjury, I declare that I have examined this return, i	noludina naganana a a badul	1			
		, and complete. Declaration of pr∉parer (other than officer				knowledge and beller, it is	
uue,	COLLEC	, and complete. Declaration of preparer (other than officer	) is based on all knormation of v	willen preparer	nas any knowledge.		
C	_	Signature of officer			1 3 - 26 Date	-/b	
Sigi	- 1	' '/	/E DIRECTOR		2410		
Her	e	Type or print name and title	E DIRECTOR				
De!-	, 1		Preparer's signature		1 0,,,,,	<del></del> 1	
Paid		KENNETH FOLBERG, CPA	Hemet follery,	CPA 0	5/25/16 self-employe	P00998396	
	,	Firm's name KSF CPA SERVICES	ппС		Firm's EIN	27-1022227	
Use Only Firm's address 108 WATSON ST							
		RIPON, WI 54971			Phone no. 920	0-748-5128	
May	the IF	S discuss this return with the preparer shown above	ve? (see instructions)			X Yes No	

Form 990 (2014)

Form 990 (2014) NATIONAL FORENSIC LEAGUE
Part IV Checklist of Required Schedules

			Yes	No
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		Х
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		Х
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,			
	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		х
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
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444		x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	<u> </u>	
124	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	Х
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	445		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		A
13	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			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			١,,,
	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,"			х
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	-	X
	If "Yes" to line 20a, did the <u>organization</u> attach a copy of its audited financial statements to this return?	20a		+*
	17-00 to mio 2004 dio dio digamizzatori attaori a copy or its addited imanidal statements to this returns		990	(2014

			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	Х	
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	Х	
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	ļ. <u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			<b>.</b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
00	Schedule L, Part I	25b		_ ^_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		1
21	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	<del></del>	<u> </u>	<del></del>
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	İ	ļ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,
	If "Yes," complete Schedule R, Part V, line 2	36	<b>_</b>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			17
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	(2014)
		-Arn		11 11 A

	Check if Schedule O contains a response or note to any line in this Part V								
	•	-	···		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 re	eporta	ble gamıng						
	(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	34						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ns?		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)	i						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X				
b	b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O								
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial	accoui	nt)?	4a		Х			
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	ccoun	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		Х			
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 the	ne orga	anızatıon solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
Ð	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts						
_	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).		rounded to the neuron	7a		х			
	<ul> <li>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</li> <li>b If "Yes." did the organization notify the donor of the value of the goods or services provided?</li> </ul>								
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	00 500	urad	7b					
•	to file Form 8282?	as req	ulleu	7c	. 1	Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t?	7e	. 1				
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		99 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	e						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	_				
10	Section 501(c)(7) organizations. Enter	1 1							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter.	1 1							
a	Gross income from members or shareholders	11a							
D	Gross income from other sources (Do not net amounts due or paid to other sources against								
120	amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		40-					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		12a					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
	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.			iva					
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 organization receive any payments for indoor tanning services during the tax year?			14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b					
					990	(2014			

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	_14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		<u> X</u>
b	Other officers or key employees of the organization	15b		X
16 -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			35
	taxable entity during the year?	16a		X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
202	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17 ₁Ω				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	ie	
	for public inspection. Indicate how you made these available Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)			
19		l 6		
IJ	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	i iinan	ciai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
20	CAROL ZANTO - (920) 748-6206			
	125 WATSON ST, RIPON, WI 54971			

#### NATIONAL FORENSIC LEAGUE

39-0840589

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((	<del></del>			(D)	(E)	(F)	
Name and Title	Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)		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) DONALD CRABTREE	1.00										
PRESIDENT	1 00	Х						0.	0.	0.	
(2) PAM CADY WYCOFF	1.00	ļ.,						_		•	
VICE PRESIDENT (3) KANDI KING	1.00	Х		<u> </u>	<u> </u>		_	0.	0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.	
(4) TOMMIE LINDSEY, JR.	1.00	Н									
BOARD MEMBER		x			•			0.	0.	0.	
(5) PAMELA MCCOMAS	1.00							-		<del></del>	
BOARD MEMBER		x			Ì			0.	0.	0.	
(6) JENNIFER JEROME	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(7) DAVID HUSTON	1.00										
BOARD MEMBER		X						0.	0.	0.	
(8) DR. POLLY REIKOWSKI	1.00							_			
BOARD MEMBER		X				L.	_	0.	0.	0.	
(9) JAY RYE	1.00	l									
BOARD MEMBER	40.00	Х			ļ			0.	0.	0.	
(10) J. SCOTT WUNN	40.00			,,				_	150 004		
EXECUTIVE DIRECTOR		_	_	X	_		<u> </u>	0.	179,994.	0.	
							-				
			L		_	ļ					
	-				-			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
<del></del>	<u> </u>	Ц.	Ц				Ц_	<u> </u>	<u> </u>	L	

	1 990 (2014) NATIONAL  1 VII Section A. Officers Directors Trus									39-084	1589	P	age 8
Pai	- Johnston Stitute of Birostore, 1120	1	ploy	/ees			ghe	st C			т		
	(A) Name and title	(B) (C) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)					than is bot	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	1	(F) 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)	org an	ipensa rom th janizat d relat anizati	e ion ed
											-	<u>.                                    </u>	
			_	_	ļ 		_				<u> </u>		
		-											
				1			_				<u> </u>		
	<del></del>		_										
							-				<del>                                     </del>		
1b c	Sub-total  Total from continuation sheets to Part V	II, Section A						<b>&gt;</b>	0.	179,994 0	•		0.
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho re	0. eceived more than \$100	179,994 0,000 of reportable	<u>:L</u>		0.
	compensation from the organization											Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual									3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete :	Sch	edul	e J f	or such individual		4	х	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comption B. Independent Contractors							relat	ed organization or indiv	idual for services	5		х
1	Complete this table for your five highest co	mpensated in	dep	ende	ent d	cont	racte	ors t	that received more than	\$100,000 of compe	nsation	from	
	the organization Report compensation for	the calendar y	ear	end	ing v	vith	or w	/ithir		year.			
	(A) Name and business	address	N	ON	E				(B)  Description of s	services	Compe	C) ensatio	n
													<u> </u>
		<del></del>			_						<del></del>		
						_		_					

		Check if Schedule O conta	uns a response	or note to any li	ne in this Part VIII			
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(b) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
ig ig	b	Membership dues	1b					
S, E	С	Fundraising events	1c		1			
a i	d	Related organizations	1d		1	İ		
Ĭ,Š	е	Government grants (contribution	ons) 1e					
rior i	f	All other contributions, gifts, grants	s, and					
ğ		similar amounts not included above	e   1f   1,	045,498.				
gg	g	Noncash contributions included in lines 1	la-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			1,045,498.			
ĺ				Business Code				
ice	2 a	NATIONAL TOURNAL	MENT		1,197,210.			
e c	b	MEMBER FEES			1,052,102.			
m S	С	PROGRAMS & EDUCA		611600	352,109.			· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	d	AWARDS, INSIGNIA		611600	292,909.			··· <u></u> -···-
ž	e	NATIONAL JUNIOR		611600	240,468.		27 000	
-	f	All other program service rever	nue	511120	112,858.	75,650.	37,208.	
$\rightarrow$		Total. Add lines 2a-2f		<u> </u>	3,247,656.	_		
	3	Investment income (including of	dividends, intere	est, and	115.			115
		other similar amounts)			112.		<del></del>	115.
	4 5	Income from investment of tax- Royalties	-ехетрі бола р	proceeds				
	3	Noyaliles	(ı) Real	(II) Personal			<del></del>	
	6 a	Gross rents	(i) Neai	(ii) Fersorial	-			
	b	· · · · · · · · · · · · · · · · · · ·			1			
	c	<b>.</b>	· ·		1			
		Net rental income or (loss)		<b>•</b>				
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		,,	1			
	b	Less. cost or other basis						**
		and sales expenses						,
	С	Gain or (loss)	-					
	d	Net gain or (loss)						
une	8 a	Gross income from fundraising including \$	events (not of	·				
Other Reven		contributions reported on line	1c). See					
F		Part IV, line 18	а					
ŧ l	b	Less: direct expenses	b					
٦	С	Net income or (loss) from fundi	raising events					
	9 a	Gross income from gaming act	ivities. See					
		Part IV, line 19	а					
		Less direct expenses	b					
		Net income or (loss) from gamin	_	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
	10 a	Gross sales of inventory, less r	eturns			ı		
		and allowances	a .		•	:		
		Less. cost of goods sold	b					
ł	<u> </u>	Net income or (loss) from sales		<b>D</b>	<u> </u>			
ł	11 a	Miscellaneous Revenue		Business Code				
	b			<del></del>				
	c						<del>,</del> ,	
	d	All other revenue						
	e	Total. Add lines 11a-11d		<b></b>		-		
	12	Total revenue. See instructions.		•	4,293,269.	3,210,448.	37,208.	115.

Part IX | Statement of Functional Expenses

0001	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	<del></del>		implete column (A).	<del></del>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	408,024.	408,024.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	69,912.	69,912.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	179,994.		179,994.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	906,135.	840,610.	65,525.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		00.000		
9	Other employee benefits	138,798.	92,888.	45,910.	
10	Payroll taxes	82,856.	68,422.	14,434.	<del></del>
11	Fees for services (non-employees)	359,090.	342,936.	16,154.	
a	Management	10,199.	342,330.	10,199.	· -
b c	Legal Accounting	9,350.		9,350.	
ď	Lobbying	3,330.		7,330.	
e	Professional fundraising services. See Part IV, line 17				<del>· · · · · · · · · · · · · · · · · · · </del>
f	Investment management fees	·			·
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	87,873.	100 550	87,873.	
14	Information technology	111,358.	102,758.	8,600.	
15	Royalties	72 060		72 060	
16	Occupancy	73,969.		73,969.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	10,763.		10,763.	
21	Payments to affiliates	<b></b>			
22	Depreciation, depletion, and amortization	76,156.		76,156.	
23	Insurance	12,357.	5,854.	6,503.	
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	NATIONAL TOURNAMENT	1,410,558.	1,410,558.		
b	AWARDS, INSIGNIA, MERCH	193,871.	193,871.		
С	DISTRICT & MEMBER RELAT	57,529.	57,529.		
d	OUTREACH	49,007.	45,400.		3,607.
	All other expenses	63,394.	62,863.	531.	2 600
25	Total functional expenses. Add lines 1 through 24e	4,311,193.	3,701,625.	605,961.	3,607.
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 If following SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X | Balance Sheet

		Check if Schedule O contains a response or not	te to anv line	in this Part X			
	•		<b>,</b>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			193,532.	1	271,146.
	2	Savings and temporary cash investments			145,188.	2	187,538.
	3	Pledges and grants receivable, net		-	3		
	4	Accounts receivable, net	-	175,353.	4	326,922.	
	5	Loans and other receivables from current and for	ormer officers	s, directors,			
		trustees, key employees, and highest compensations	ated employe	es. Complete			
	ļ	Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	ified persons	(as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(E	), and contributing			
		employers and sponsoring organizations of sections	tion 501(c)(9)	voluntary			
Assets		employees' beneficiary organizations (see instr).	. Complete P	art II of Sch L		6	
SSE	7	Notes and loans receivable, net			7		
⋖	8	Inventories for sale or use	[	70,636.	8	70,165.	
	9	Prepaid expenses and deferred charges		6,673.	9	6,673.	
	10a	Land, buildings, and equipment cost or other	1 1				
	1	basis Complete Part VI of Schedule D	10a	1,507,827.			
	b	Less. accumulated depreciation	10b	1,260,502.	323,481.	10c	247,325.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities See Part IV, line		12			
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ		914,863.	16	1,109,769.	
	17	Accounts payable and accrued expenses		285,675.	17	384,724.	
	18	Grants payable	167,973.	18	173,493.		
	19	Deferred revenue		L		19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I		<u> </u>		21	
es	22	Loans and other payables to current and former	r officers, dire	ctors, trustees,			
Ħ		key employees, highest compensated employee	es, and disqu	alified persons			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	-	<b>)</b> -		23	
	24	Unsecured notes and loans payable to unrelated		P	66,000.	24	36,000.
	25	Other liabilities (including federal income tax, pa		1			
		parties, and other liabilities not included on lines	s 17-24). Com	plete Part X of	106 000		205 044
		Schedule D	<u> </u>	186,983.	25	325,244.	
	26_	Total liabilities. Add lines 17 through 25		.   122	706,631.	26	919,461.
		Organizations that follow SFAS 117 (ASC 958		e▶ X and			
ces		complete lines 27 through 29, and lines 33 an	id 34.		140 470		0 242
<u>a</u>	27	Unrestricted net assets		-	142,470.	27	-2,343.
Ba	28	Temporarily restricted net assets		-	65,762.	28	192,651.
ဋ	29	Permanently restricted net assets				29	<del></del>
币		Organizations that do not follow SFAS 117 (A	.SC 958), che	eck here		]	
Net Assets or Fund Balances	00	and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq		<b>⊢</b>		31	
Net	32	Retained earnings, endowment, accumulated in	come, or oth	er tunds	200 222	32	100 200
_	33	Total net assets or fund balances		-	208,232.	33	190,308.
	34_	Total liabilities and net assets/fund balances			914,863.	34	1,109,769.

	990 (2014) NATIONAL FORENSIC LEAGUE	_39-0	84058 <u>9</u>	Page 12
Pa	rt'XI Reconciliation of Net Assets		- <u>-</u>	
	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		,269.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,193.
3	Revenue less expenses. Subtract line 2 from line 1	_3		,924.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	208	,232.
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	190	,308.
Pa	rt XII Financial Statements and Reporting			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Check if Schedule O contains a response or note to any line in this Part XII			
			`	res 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 Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			İ
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 separat	e basis,		
	consolidated basis, or both:			
	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 the	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	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 required	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2014)

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or.990-EZ)

**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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number NATIONAL FORENSIC LEAGUE 39-0840589 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 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)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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. 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. 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. 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. f Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported (iv) Is the organization (ii) ElN (III) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 other support (see support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

Total

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

Page 2

fails to qualify under t	the tests listed below, ple			on falled to qualify		= Organization
Section A. Public Support						
Calendar year (or fiscal year beginning	g in) (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<ol> <li>Gifts, grants, contributions, ai</li> </ol>	nd					
membership fees received. (D	o not					
include any "unusual grants."	)					
2 Tax revenues levied for the or	gan-					
ızatıon's benefit and either pa	ıd to					
or expended on its behalf				<u> </u>		
3 The value of services or facilit						
furnished by a governmental i						
the organization without charg	ge		<b>_</b>		<u> </u>	
4 Total. Add lines 1 through 3				<u> </u>		
5 The portion of total contribution	ons					
by each person (other than a						
governmental unit or publicly	l					
supported organization) includes					}	
on line 1 that exceeds 2% of the amount shown on line 11,	uie		-			
column (f)						
<b>,,</b>		ļ.··				
6 Public support. Subtract line 5 fro Section B. Total Support	om line 4	<u> </u>				
Calendar year (or fiscal year beginnin	g in) (a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	(a) 2010	(6) 2011	(6) 2012	(u) 2013	(e) 2014	(i) Totas
8 Gross income from interest,	١.		-			
dividends, payments received	Lon					
securities loans, rents, royaltie						
and income from similar source						
9 Net income from unrelated bu						
activities, whether or not the						
business is regularly carried o	n	}				
10 Other income. Do not include						
or loss from the sale of capita	-	•				
assets (Explain in Part VI.)			1			
11 Total support. Add lines 7 throi	ugh 10					
12 Gross receipts from related ac	ctivities, etc. (see instruct	ons)			12	
13 First five years. If the Form 9	90 is for the organization'	s first, second, th	rd, fourth, or fifth	tax year as a section	on 501(c)(3)	
organization, check this box a	ind stop here					<b>_</b> _
Section C. Computation of	Public Support Pe	rcentage			<del>, , , , , , , , , , , , , , , , , , , </del>	
14 Public support percentage for			column (f))		14	
15 Public support percentage fro					15	
16a 33 1/3% support test - 2014				e 14 is 33 1/3% or i	more, check this bo	x and
stop here. The organization q						▶∟
b 33 1/3% support test - 2013.				d line 15 is 33 1/3%	% or more, check th	nis box
and stop here. The organizati						▶∟
17a 10% -facts-and-circumstand						
and if the organization meets					urt VI how the organ	nization
meets the "facts-and-circumst				-	4.	▶∟
b 10% -facts-and-circumstand						
more, and if the organization r						,
organization meets the "facts-		-	•	, ,,		▶⊨

## 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>(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.")	1,609,522.	1,805,901.	1,892,361.	1,593,051.	1,557,366.	8,458,201.
2	Gross receipts from admissions,				······································	· · · · · · · · · · · · · · · · · · ·	
	merchandise sold or services per-						
	formed, or facilities furnished in	ļ					
	any activity that is related to the organization's tax-exempt purpose	927,219.	749,235.	846,404.	1,259,209.	2,571,693.	6,353,760.
3	Gross receipts from activities that	3 - 1 / 3 - 2 1	,	0 1 0 7 1 0 1 0	.,,	_,,	
J	are not an unrelated trade or bus-						
	iness under section 513						
4							<del> </del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities				!		
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	2,536,741.	2,555,136.	2,738,765.	2,852,260.	4,129,059.	14,811,961.
7a	Amounts included on lines 1, 2, and				!		
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received				•		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						14,811,961.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	2,536,741.	2,555,136.	2,738,765.	2,852,260.	4,129,059.	14,811,961.
	Gross income from interest.	,	, , ,			, , , , , , , , , , , , , , , , , , , ,	
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	4,521.	1,194.	767.	485.	115.	7,082.
L-	Unrelated business taxable income	1,321.	1,174.	707.	403.		7,002.
_	(less section 511 taxes) from businesses				į		
	acquired after June 30, 1975	2,526.	1 297	-23,004.	-8,728.	7 251	22 270
	·	7,047.	5,481.	-23,004.	-8,728.	-7,236.	$\frac{-32,270}{-25,188}$
	Add lines 10a and 10b	7,047.	3,401.	-22,237.	-0,243.	-7,230.	-25,100.
• • •	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	05 400					
	assets (Explain in Part VI.)	25,188.					25,188.
	Total support. (Add lines 9, 10c, 11, and 12)	2,568,976.	2,560,617.	2,716,528.	2,844,017.	4,121,823.	14,811,961.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ıx year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2014 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	100.00 %
16	Public support percentage from 2013	Schedule A, Part	III, line 15			16	99.99 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage			-	
17	Investment income percentage for 20	14 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	.00 %
18			•			18	.01 %
	33 1/3% support tests - 2014. If the	·	·	on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box as						→X
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					-	
<u> 20</u>	Tivate loundation. If the organizatio	TO THE CHECK A	DON OF HIE 14, 198	a, or rab, check th	no box and see ins	11 UCUOI 15	

## 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

- 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
- 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?
- 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, loan, 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)

<del></del>	Yes	No
1	-	
3a		
3b		
<u>                                   </u>		
3c		
4a_		
4b		
75	<u> </u>	
4c		
5a		<del></del>
5b		
5c		
6	ļ	_
7		
8		
9a		
- Ju		
9b	<u> </u>	
9c		
10a		
iua		_
10b	<u> </u>	

За

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Sche	edule A (Form 990 or 990-EZ) 2014 NATIONAL FORENSIC LEAGU	E		39-0840589 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting		izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			uctions. All
	· other Type III non-functionally integrated supporting organizations must co			
Sect	ion 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		
Sect	ion 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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	<del></del>	

emergency temporary reduction (see instructions)

6 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

3

<u>4</u> 5

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2014

Га	TV   Type III Non-Functionally integrated 509	(a)(3) Supporting Org	anizations <sub>(continued)</sub>	
Sect	ion D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly furthers exempted to perform activity that directly further activity that directly further activity that directly further activity that directly further activity that directly further activity that directly further activity that directly further activities activ			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	าร	
_4	Amounts paid to acquire exempt-use assets	_		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	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			
		(1)	(ii)	(iiı)
Sect	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			
	Applied to 2014 distributable amount	·		
i	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7. \$			
	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.	<u> </u>		
8	Breakdown of line 7:			
<u>a</u>				
b				
C				
	Excess from 2013			
e	Excess from 2014	<u></u>	<u> </u>	

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 NATIONAL FORENSIC LEAGUE	39-0840589 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Also complete this part for any additional information. (See instructions)	or 17b; and Part III, line 12.
SCHEDULE A, PART VI	
FYE 7-31-2015 IS AN 11-MONTH FISCAL YEAR DUE TO THE ORGANIZ	ZATION
CHANGING ITS FISCAL YEAR IN THE CURRENT REPORTING YEAR.	
	<del></del>
	·
	· · · · · · · · · · · · · · · · · · ·
	<del> </del>

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental 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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL FORENSIC LEAGUE

Employer identification number 39-0840589

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fi	unds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	=	
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?	,	Yes No
Pai		ganization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organizat		<del></del>
	Preservation of land for public use (e.g., recreation or e		lly important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization during the tax
	year >		ŭ
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e-	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items.		
	(i) Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	-	<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gail	n, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Sche	dule D (Form 990) 2014 NATIONA	L FORENSIC	LEAC	GUE			39-08	40589 Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, or	Other	Similar Asse	<b>ts</b> (continued)
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that	are a sign	ificant use of its	collection items -
	(check all that apply).							
а	Public exhibition	c	1 <u> </u>	oan or exc	hange program	าร		
b	Scholarly research	€	, 🖂	Other				
С	Preservation for future generations							_
4	Provide a description of the organization's c	ollections and expla	in how th	ey further t	he organizatior	n's exemp	t purpose in Par	t XIII.
5	During the year, did the organization solicit of	or receive donations	of art, his	torical trea	sures, or other	sımılar as	ssets	
	to be sold to raise funds rather than to be m							Yes No
Pa	t IV Escrow and Custodial Arran	gements. Compl	ete if the	organızatıo	n answered "Y	es" to Fo	rm 990, Part IV, I	ine 9, or
	reported an amount on Form 990, Pa	rt X, line 21						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for d	contribution	ns or other asse	ets not inc	cluded	
	on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able				<u></u>
								Amount
С	Beginning balance						1c	
d	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance .						1f	
	Did the organization include an amount on F					•	? L_	J Yes
	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete		swered "	Yes" to Fo	1			
		(a) Current year	(b) Pr	ior year	(c) Two years	back (d)	Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions		ļ. <u></u> .					
С	Net investment earnings, gains, and losses							
d	Grants or scholarships	<del></del>						
е	Other expenditures for facilities					ĺ		•
	and programs		ļ					
f	Administrative expenses		ļ. <u> </u>	<del></del>			<del></del>	
g	End of year balance							
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as							
а	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
С	Temporarily restricted endowment	%						
_	The percentages in lines 2a, 2b, and 2c should be a sh							
3a	Are there endowment funds not in the posses	ession of the organiz	ation that	t are held a	nd administere	d for the	organization	
	by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations		<b>.</b>					3a(ii)
	If "Yes" to 3a(ıi), are the related organization:							3b
Bo:	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		owment fi	unds.				
Fai			D-4 11/	l 11- C	000 5	2 mark V 1 mm	- 10	
	Complete if the organization answere							<u> </u>
	Description of property	(a) Cost or o			or other		umulated ciation	(d) Book value
4-	Lond		900.	Dasis	(other)	debie	o.auoi1	10,900.
	Land	199,		·		רי	6,478.	122,586.
	Buildings	<u> </u>	J J Z .				0, 100	122,300.
	Leasehold improvements	296,	657					296,657.
d	Equipment Other	1,001,				1 19	4,024.	-182,818.
	. Add lines 1a through 1e. (Column (d) must e	<del> '</del>		n (R) line 1	10c)		7,023.	247,325.

**:** ,

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" t		e 11b. See Form 990, Part X, line 12	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cos	t or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests		-	<u> </u>
(3) Other			
(A)			
(B)			
(C)		<del> </del>	
(D)	<del></del>		
(E)		<del> </del>	<del></del>
(F)	·		
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.	<del></del>		
Complete if the organization answered "Yes" t	o Form 000 Dort IV line	11a Saa Farm 000 Bart V line 10	1
(a) Description of investment	(b) Book value	(c) Method of valuation. Cos	t or end-of-vear market value
(1)	(a) Book raido	(c) Method of Valuation Cod	icor one or your market value
(2)	<del>.</del>		
(3)			
(4)		<del></del>	
(5)			
(6)			
(7)			
(8)			
(9)	<del> </del>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		***************************************	
Part IX Other Assets.			
Complete if the organization answered "Yes" t	o Form 990, Part IV, line	11d. See Form 990, Part X, line 15	5.
(a) D	escription (		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	<del></del>	<del></del>	
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		<b></b>
Part X Other Liabilities.			
Complete if the organization answered "Yes" t  1. (a) Description of liability	o Form 990, Part IV, line	(b) Book value	line 25.
		(b) Book value	
(1) Federal income taxes (2) MEMBERS VOUCHERS		272 102	
10001100 01110100	· · · · · · · · · · · · · · · · · · ·	272,103. 19,857.	
ACCRETED DAVIDOLL BALLES		33,284.	
		33,204.	
(5)			
(6)			
(7)	<del></del>		
(8)	-		
(9)  Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	325,244.	
2 Liability for uncertain tay positions. In Part XIII. provide			

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

	tule D (Form 990) 2014 NATIONAL FORENSIC LEAGUE			)840589 Page 4
Par	XI Reconciliation of Revenue per Audited Financial State	ements With Revenue	per Return	•
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,293,269.
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		
	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)	2d		•
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,293,269.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	l I		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b		0
	Add lines 4a and 4b		4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	1400		4,293,269.
Par	XII Reconciliation of Expenses per Audited Financial Stat	•	es per Retui	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	2a.		4 211 102
	Total expenses and losses per audited financial statements		1	4,311,193.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
	Other (Describe in Part XIII.)	2d		•
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,311,193.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	1	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII )	4b		•
	Add lines 4a and 4b		4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	4,311,193.
	XIII Supplemental Information.	·		
	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, I d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		t V, line 4; Part i	x, line 2; Part XI,
990	Т			
ROS	TRUM ADVERTISING RESULTS ARE INCLUDED I	N FORM 990-T.		
ORG	ANIZATION MERCHANDISE SALES AND COSTS A	RE PRESENTED O	N A 'NET	T' BASIS ON
FOR	M 990 AND ON A 'GROSS' BASIS IN THE AUD	ITED FINANCIAL	STATEME	ENTS.
			_	

Schedule D (Form 990) 2014

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047	2014
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Open to Public Inspection Employer identification number

39-0840589

ê |

X Yes

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. NATIONAL FORENSIC LEAGUE General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization 2 Desc Part

	(g) Description of (h) Purpose of grant non-cash assistance or assistance	ASSISTANCE TO ENCOURAGE AND DEVELOP FORENSIC PROGRAMS WITHIN HIGH SCHOOLS AND JUNIOR HIGH			4
	(g) Desc non-cash				
	(f) Method of valuation (book, FMV, appraisal, other)				
fed	(e) Amount of non-cash assistance	0			
ional space is need	(d) Amount of cash grant	0			e line 1 table
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	(c) IRC section if applicable	501(C)(3)			nanzations listed in th
	(b) EIN	APPLIED FOR 501(C)(3			nd anvernment or
recipient that received more than \$	1 (a) Name and address of organization or government	VARIOUS PUBLIC SCHOOLS VARIOUS VARIOUS, WI 54971			2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2014)

432101 10-15-14

NATIONAL FORENSIC LEAGUE Schedule I (Form 990) (2014)

Page 2

39-0840589

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS TO FORENSIC DEBATE WINNERS	0	0	.0		
Part IV Supplemental Information. Provide the information required in	uired in Part I, lin	e 2, Part III, column	n Part I, line 2, Part III, column (b), and any other additional information	dditional information	
PART I, LINE 2:				:	
ORGANIZATION'S EXECUTIVE DIRECTOR AND	AND BOARD	D EVALUATE	SELECTION	CRITERIA FOR	
GRANTS AND AWARDS AND MONITOR THE GRANTING OF THEM.	GRANTING	OF THEM.			

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: VARIOUS PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE TO ENCOURAGE AND DEVELOP

FORENSIC PROGRAMS WITHIN HIGH SCHOOLS AND JUNIOR HIGH SCHOOLS

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

m990. Inspection
Employer identification number

39-0840589

#### NATIONAL FORENSIC LEAGUE

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

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

Regulations section 53.4958-6(c)?

9 Schedule J (Form 990) 2014

39-0840589

Page 2

NATIONAL FORENSIC LEAGUE

Schedule J (Form 990) 2014

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

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

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	in columin (b) reported as deferred in prior Form 990
(1) J. SCOTT WUNN	Ξ			0		0	0	0
EXECUTIVE DIRECTOR	(ii)	179,994.	0	0	0	0	179,994.	0
	(i)							
	(ii)							
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Schedule J (Form 990) 2014

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL FORENSIC LEAGUE

Employer identification number 39-0840589

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SKILLS ARE ESSENTIAL FOR EMPOWERING YOUTH TO BECOME ENGAGED CITIZENS,
SKILLED PROFESSIONALS, AND HONORABLE LEADERS IN OUR GLOBAL SOCIETY. WE
CONNECT, SUPPORT, AND INSPIRE A DIVERSE COMMUNITY OF HONOR SOCIETY
MEMBERS COMMITTED TO FOSTERING EXCELLENCE IN YOUNG PEOPLE THROUGH
COMPETITIVE SPEECH AND DEBATE ACTIVITIES.
FORM 990, PART VI, SECTION B, LINE 11:
COPIES OF THE TAX RETURN ARE DISTRIBUTED TO THE BOARD MEMBERS BY THE
EXECUTIVE DIRECTOR AT THE BOARD MEETING FOLLOWING THE PREPARATION OF THE
RETURN.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S
WEBSITE. OTHER DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE
PUBLIC UPON REQUEST

FORM 990

REASONABLE CAUSE FOR LATE FILING

STATEMENT

THE CHANGE IN FISCAL YEAR ADDED COMPLEXITY TO THE AUDIT AND AN EARLIER FILING DATE. PRIOR REMINDER SYSTEMS WERE GEARED TO THE PREVIOUS FISCAL YEAR-END DATE RESULTING IN AN EXTENSION REQUEST BEING FILED LATE.