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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)

OMB No 1545-0047 2014

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.irs.gov/form990

Open to Public Inspection

<u>A`</u>	For the	2014 ca	alendar year, or tax year beginning $10/01/14$, and ending $09/30/15$											
В	Check if ap	plicable	C Name of organization NATIONAL CRIMINAL DEFENSE	DE	mployer	identification number								
	Address ch	nange	COLLEGE, INC.											
	Name char	nae			506611									
\exists			Number and street (or P O box if mail is not delivered to street address) Room/suite 343 ORANGE STREET		elephone	number 746-4151								
\vdash	Initial return		City or town, state or province, country, and ZIP or foreign postal code		740 4101									
	terminated				ipts \$ 307,190									
	Amended r	return	MACON GA 31201 F Name and address of principal officer	<u> </u>	ross rece	pts 307,190								
	Application		·	this a group reti	urn for su	bordinates? Yes X No								
				e all subordina	tes includ	led? Yes No								
			MACON GA 31201			see instructions)								
_				•	,	•								
<u>+</u> _	Tax-exem													
<u>J</u>	Website			roup exemption		M State of legal domicile GA								
<u>K</u>	Form of or			Illon 190	<u>-</u>	M State of legal domicile GA								
	Part I		immary											
(a)	1	•	scribe the organization's mission or most significant activities COLLEGE IS A NON-PROFIT ORGANIZATION FORMED TO PROMOTE AN	מספס תו	TDE									
න ව	!			ID PROV	100									
] ja		TRAINING WITHIN THE LEGAL DEFENSE FIELD.												
Governance		>h = = . 4h	s box ▶	accata										
			-	1 055015	3	9								
ි ජේ ග	'		of voting members of the governing body (Part VI, line 1a)		4	8								
Activities	4 1		of independent voting members of the governing body (Part VI, line 1b)		5	11								
į;	5 1		nber of individuals employed in calendar year 2014 (Part V, line 2a)		6	0								
Ă			nber of volunteers (estimate if necessary)		7a	0								
			elated business revenue from Part VIII, column (C), line 12		7b	0								
	- Dr	vet unreia	ated business taxable income from Form 990-T, line 34	Prior Year	70	Current Year								
_	8 (Contributi	and and armite (Dark VIII line 4h)	78,	780	111,802								
une	9 F		service revenue (Part VIII, line 2g)	228,	495	184,865								
Revenue	10 1	-		3,	637	3,324								
ď	11 (nt income (Part VIII, column (A), lines 3, 4, and 7d) renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c) and 11e) 10 2016 enue – add lines 8 through 11 (must equal Part VIII) column (A), line 12)	24,	872	7,199								
			enue – add lines 8 through 11 (must equal Part) (Tit) column (A), line 12)	335,	784	307,190								
			A contract was defined by a character of the contract of the c			, 0								
			paid to or for members (Part IX, column (A), line 4)			0								
ď	45 6		other compensation, employee benefits (Part IX, column (A), lines 5–10)	127,	468	143,635								
xnenses	16a F		onal fundraising fees (Part IX, column (A), line 11e)			0								
ğ	<u>.</u> 61		draising expenses (Part IX, column (D), line 25) ▶ 4,152											
ŭ	i 17 (penses (Part IX, column (A), lines 11a-11d, 11f-24e)	210,	605	215,459								
			enses Add lines 13–17 (must equal Part IX, column (A), line 25)	338,	073	359,094								
		Revenue	less expenses Subtract line 18 from line 12	-2,	289	-51,904								
Net Assets or	Ces		Beginnir	ng of Current		End of Year								
sets	툁 20 기	Total ass	ets (Part X, line 16)	662,		620,286								
at As	띨 21]	Total liabi	ilities (Part X, line 26)	16,		<u>25,235</u>								
			ts or fund balances Subtract line 21 from line 20	646,	304	595,051								
	Part II		gnature Block											
	Under per	nalties of p	perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	e best of my	knowled	lge and belief, it is								
_	true, corre	ect, and co	omprate Declaration of preparer (other than officer) is based on all information of which preparer has any knowled		<u>a</u>	1011								
		6	Jama V. F-tofi		0/	12/16								
	ign	▼ s	Signature of officer		Date									
Н	ere	-	LAURA HOGUE DEAN		···									
_		 '	Type or print name and title	2.4.										
_		Print/Type	e preparer's name	Date 2016	Check	f PTIN								
	aid	WILLIA	M H. EPPS, JR.		self-em									
	eparer	Firm's nar		Firm's	EIN 🕨	58-1094351								
Us	se Only		POST OFFICE BOX ONE			480 844 ***								
_		Firm's add		Phone	no	478-746-6277								
_			s this return with the preparer shown above? (see instructions)			X Yes No								
Fo	r Paperw	ork Redu	iction Act Notice, see the separate instructions.		1/2	2 Form 990 (2014)								

Form		NATIONAL CRIM		59-250	6611		Page 2
Pa		_	Service Accomplishments	w line in this Bort	111		
	Briefly desc HE COI	cribe the organization's mission	ntains a response or note to and note to an PROFIT ORGANIZATION EGAL DEFENSE FIELD	N FORMED TO		PROVIDE	
	prior Form If "Yes," de	990 or 990-EZ? escribe these new services on			on the	Yes	X No
3	services?	ganization cease conducting, o escribe these changes on Sche	r make significant changes in how it co edule O	nducts, any program		Yes	X No
4	Describe the expenses	he organization's program serv Section 501(c)(3) and 501(c)(rice accomplishments for each of its thing a complishment or each or report to report the complex program service reported				
T			234,518 including grants of PROFIT ORGANIZATION EGAL DEFENSE FIELD	N FORMED TO) (Revenue 3 PROMOTE AND)
4b	(Code) (Expenses \$	including grants	of \$) (Revenue S	S)
4c	(Code) (Expenses \$	including grants	of \$) (Revenue S	5)
4d	Other prog	gram services (Describe in Sch	including grants of \$) (Reve	enue \$)	
4e		ram service expenses >	234,518	·			
DAA						Form	990 (2014)

Part IV	Checklist of Required Sch	nedules

,			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
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		X
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	X	
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		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	· ·			
	of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII	11c		X
d	· · · · · · · · · · · · · · · · · · ·	1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	l		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١	37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			77
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
b				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		v
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		v
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.6		v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	·	40		x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
20~	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\frac{\Lambda}{X}$
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	-	<u> </u>
	11 165 to line 20a, did the diganization attach a copy of its addited illiancial statements to this feturity			

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			77
.	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	04-		v
L.	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
С	to defease any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
d 252	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	 	
234	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	258	_	23.
U	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	235		
20	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 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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		ļ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		\mathbf{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		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		j	
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization]]		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u> </u>
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 m 990	

Pa	Check if School O contains a response or note to any line in this Bort V			
	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		162	NO
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ū	reportable gaming (gambling) winnings to prize winners?	1c	x	
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 11	1 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1 1	'	1
	account)?	4a	ı	X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			i
	(FBAR)	1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		ı	
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		ı	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ł
	and services provided to the payor?	7a		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		ļ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b	\longrightarrow	
10	Initiation fees and capital contributions included on Part VIII, line 12			1
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
11	Section 501(c)(12) organizations. Enter			
''a	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
-	against amounts due or received from them)			ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		\neg	
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
DAA		Forn	_n 990	(2014)

Form	990 (2014) NATIONAL CRIMINAL DEFENSE 59-250661:	L				Р	age 6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2	through	7b b	elow, an	d for a "N	0"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	ges in S	ched	ule O. S	ee instruc	tions	
•	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	L	1a	9			
	If there are material differences in voting rights among members of the governing body, or				1		
	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	L	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 f	iled?			4		X
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	e year by	the fo	llowing			
а	The governing body?	•		J	8a		х
b	Each committee with authority to act on behalf of the governing body?				8b		X
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
Sec	tion B. Policies (This Section B requests information about policies not required by the	Interna	al Re	evenue	Code)		
						Yes	No
10a	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	the state of the s	ilina the t	form?		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•					
12a					12a	1	х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to c	onflic	ts?	12b		
c	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		X
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	on?					
а	The organization's CEO, Executive Director, or top management official				15a		x
b	Other officers or key employees of the organization				15b	-	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement						
104	with a taxable entity during the year?				16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				100		
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?				16b		
500	ction C. Disclosure				1 100		
<u>3ec</u>	List the states with which a copy of this Form 990 is required to be filed GA						
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501/a\/	3)e o	nlv)			
18	· · · · · · · · · · · · · · · · · · ·	50 (6)(uja Ul	"y/			
	available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)						
40		storoot ==	show :	and			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	nerest po	υιςλ' g	ariu			
22	financial statements available to the public during the tax year						
20	State the name, address, and telephone number of the person who possesses the organization's books and r	ecoras J					
	AURA HOGUE 343 ORANGE ST	3120:	1	,	170_74	6 _ A	1 = 1
W	ACON GA	<u> </u>			<u> 178-74</u>	<u> </u>	<u> 101</u>

DAA

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (B) (D) (E) (F) (A) Reportable Reportable Estimated Position Average Name and Title (do not check more than one compensation compensation from amount of hours per box, unless person is both an from related other week officer and a director/trustee) organizations compensation the (list any (W-2/1099-MISC) organization from the hours for Highest (W-2/1099-MISC) (ey employee organization related nstitutional and related vidual trustee organizations below dotted compensated organizations line) I trustee (1) JUDY CLARKE 0.00 0.00 X 0 0 TRUSTEE (2) ROBERT FOGELNEST 0.00 0 0 0.00 X 0 TRUSTEE (3) NANCY HOLLANDER 0.00 0 0.00 X 0 0 TRUSTEE (4) JOSEPH JOHNSON 0.00 0 0 0.00 X TRUSTEE (5) ALBERT KRIEGER 0.00 0 0 0.00 X 0 TRUSTEE (6) DAVID LEWIS 0.00 X 0 0 0.00 0 TRUSTEE (7) TERENCE MACCARTHY 0.00 X 0 0 0.00 TRUSTEE (8) JAMES SHELLOW 0.00 X 0 0 0.00 TRUSTEE (9) LAURA HOGUE 0.00 0 0 0.00 X 0 DEAN (10)(11)

hours per week box, unless person is both an officer and a director/trustee) the organizations (W-2/1099-MISC) organizations organizations and page 1.5 organizations orga	(F) stimated mount of other other pensation rom the ganization dd related lanizations										
(12)	nd related										
(13)											
(14)											
(15)											
(16)											
(17)											
(18)											
(19)											
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)											
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0											
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated	Yes	s No									
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	4	x									
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual	5	x_									
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of											
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Description of services	(C) Compens	sation									
Traine and distincts desired		20.011									
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0											

59-2506611 Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (B) Related or (D) Revenue excluded from tax exempt business function under sections revenue revenue 512-514 1a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 111,802 1f g Noncash contributions included in lines 1a-1f 111,802 h Total. Add lines 1a-1f Program Service Revenue Busn Code 184,865 184,865 TUITION - CURRENT b f All other program service revenue 184,865 Total. Add lines 2a-2f Investment income (including dividends, interest, 3,324 and other similar amounts) 3,324 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6a Gross rents Less rental exps Rental inc or (loss) Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses ▶ c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Busn Code Miscellaneous Revenue 5,113 11a PROMOTIONAL ITEMS 5,113 2,086 2,086 b MISCELLANEOUS REVENUE С All other revenue 7,199 Total. Add lines 11a-11d

307,190

188,189

7,199

0

Total revenue. See instructions

Secti	on 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a respo			column (A)	X
Do n	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22			<u> </u>	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·		
5	Compensation of current officers, directors,				
	trustees, and key employees	· · · · · · · · · · · · · · · · · · ·			
6	Compensation not included above, to disqualified		II.		
	persons (as defined under section 4958(f)(1)) and		ł		
	persons described in section 4958(c)(3)(B)	122 400	106 706	26 600	
7	Other salaries and wages	133,408	106,726	26,682	
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,227	8,182	2,045	
10 11	Payroll taxes Fees for services (non-employees)	10,227	0,102	2,045	
	Management				
a b	Legal				
C	Accounting	12,050		12,050	
ų V	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
J	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	26,087	25,909	178	·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				·
20	Interest				
21	Payments to affiliates	F F70		F 570	<u></u> ,
22	Depreciation, depletion, and amortization	5,573		5,573	
23	Insurance	28,093		28,093	
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 O) STAFF HOUSING & MEALS	43,450	43,450		
a b	MEALS	19,794	19,710	84	
_	ACTOR'S EXPENSE	17,679	17,679	0-3	
d	REPAIRS & MAINTENANCE	14,740	<u> </u>	14,740	
e	All other expenses	47,993	12,862	30,979	4,152
25	Total functional expenses Add lines 1 through 24e	359,094	234,518	120,424	4,152
26	Joint costs. Complete this line only if the				4,132
	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)				
DAA					Form 990 (2014)

Form 990 (2014)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 289,100 220,634 Cash-non-interest bearing 37,501 37,065 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 26,400 54,575 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 6,668 6,655 Inventories for sale or use 4,225 4,174 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 318,096 196,061 other basis Complete Part VI of Schedule D 10a 122,035 127,608 10b 10c b Less accumulated depreciation 171,127 175,097 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 620,286 662,578 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 16,274 11,910 17 Accounts payable and accrued expenses 17 18 18 Grants payable 13,325 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X. 25 of Schedule D 16,274 25,235 26 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 602,044 560,570 27 Unrestricted net assets 44,260 34,481 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 646,304 595,051 33 Total net assets or fund balances 33 662,578 620,286 Total liabilities and net assets/fund balances

orm 9	990 (2014) NATIONAL CRIMINAL DEFENSE 59-2506611			Pag	_{je} 12				
Par									
	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		7,:					
2	Total expenses (must equal Part IX, column (A), line 25)	2		59,0					
3	Revenue less expenses Subtract line 2 from line 1	3		51,	90 <u>4</u> 304				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
	Other changes in net assets or fund balances (explain in Schedule O)	9							
-	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10	59	95,0	051				
	t XII Financial Statements and Reporting	•			··				
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_						
	Schedule O								
	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 on a separate basis, consolidated basis, or both								
1	Separate basis Consolidated basis Both consolidated and separate basis								
h l	Were the organization's financial statements audited by an independent accountant?		2b	х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a								
	separate basis, consolidated basis, or both		1 1						
	X Separate basis Consolidated basis Both consolidated and separate basis								
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight								
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X				
	If the organization changed either its oversight process or selection process during the tax year, explain in			-					
	Schedule O								
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
	the Single Audit Act and OMB Circular A-133?		3a		х				
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь						
	required addit of addits, explain why in oblicatio o and accombe any steps taken to directly soon addits			n 990	(2014)				

SCHEDULE A (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.

2014 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

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

NATIONAL CRIMINAL DEFENSE Employer idea

Employer identification number 59-2506611

Schedule A (Form 990 or 990-EZ) 2014

			COLLEGE,	INC	•			59-250	6611
P	art I	Reaso	on for Public C	harity S	Status (All organizations	s must cor	nplete t	his part) See instruction	S
he	orgar	nization is not a	private foundation	because	it is (For lines 1 through 11, c	heck only on	e box)		
1		A church, con	vention of churches	s, or assoc	ciation of churches described i	n section 17	70(b)(1)(<i>A</i>	۸)(i).	
2		A school desc	ribed in section 17	70(b)(1)(A)(ii). (Attach Schedule E)				
3		A hospital or a	a cooperative hospi	tal service	organization described in sec	ction 170(b)	(1)(A)(iii).		
4		A medical res	earch organization	operated i	in conjunction with a hospital o	described in s	section 1	70(b)(1)(A)(iii). Enter the hosp	ital's name,
		city, and state							
5		An organization	on operated for the	benefit of	a college or university owned	or operated l	oy a gove	rnmental unit described in	
		section 170(l	b)(1)(A)(iv). (Comp	lete Part I	1)				
6					vernmental unit described in s				
7	X	An organization	on that normally rec	eives a su	ibstantial part of its support fro	om a governr	nental un	it or from the general public	
		described in s	section 170(b)(1)(A	4)(vi). (Co	mplete Part II)				
8					'0(b)(1)(A)(vı). (Complete Par				
9					more than 33 1/3% of its supp				
					t functions—subject to certain				
			-		l unrelated business taxable in			1 tax) from businesses	
			-		1975 See section 509(a)(2)				
10					clusively to test for public safe				. •
11								of, or to carry out the purposes	
								1)(2). See section 509(a)(3). Cl	neck
	<u></u>				nbes the type of supporting org				
а					d, supervised, or controlled by				
					regularly appoint or elect a m	ajonty of the	un ectors	or trustees or the supporting	
L	\Box		•		 Sections A and B. sed or controlled in connection 	n with ite eiin	norted or	ranization(s) by having	
b					rganization vested in the sam				
					IV, Sections A and C.	o porcono an		or manage are depperted	
С					rting organization operated in	connection v	vith, and t	unctionally integrated with,	
·	لـــا	* *			ons) You must complete Pa				
d					upporting organization operat				
	ш				inization generally must satisfy				
					complete Part IV, Sections				
е		Check this bo	x if the organization	n received	a written determination from	the IRS that i	t is a Typ	e I, Type II, Type III	
		functionally in	tegrated, or Type II	II non-fund	ctionally integrated supporting	organization			
f			of supported organ						L
g	Pro	vide the follow	ing information abo	out the sup	pported organization(s)	·· ·		I	
•		ne of supported	(ii) EIN		(lii) Type of organization (described on lines 1–9	(iv) Is the o	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
	OI.	ganization			above or IRC section		ment?	instructions)	instructions)
					(see instructions))	V	N		
						Yes	No		
(A)			1						
(B)									
(B)			i i						
(C)									
(0)									
(D)									
. – ,							<u> </u>	<u> </u>	
(E)									
				-					
Tot	al		1		1		1	I	I

Part II
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III I f the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	104,229	113,037	120,435	78,780	111,802	528,283
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	104,229	113,037	120,435	78,780	111,802	528,283
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	<u> </u>					528,283
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	104,229	113,037	120,435	78,780	111,802	528,283
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,588	10,800	-2,384	3,637		17,641
9	Net income from unrelated business activities, whether or not the business is regularly carried on					6,199	6,199
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	40,165	50,397	20,617	24,872		136,051
11	Total support. Add lines 7 through 10	L				140	688,174
12 13	Gross receipts from related activities, etc. (First five years. If the Form 990 is for the		econd, third, fourth	. or fifth tax vear as	a section 501(c)(3	<u> 12 </u> 3)	188,189
	organization, check this box and stop here	-		,,		,	▶ [
Sec	tion C. Computation of Public Su		ige				
14	Public support percentage for 2014 (line 6,	column (f) divided by	y line 11, column (f))		14	76.77%
15	Public support percentage from 2013 Sche			•	•	15	71.90%
	33 1/3% support test—2014. If the organi			and line 14 is 33 1.	/3% or more, check	k this	
	box and stop here. The organization qualif	ies as a publicly sup	ported organization	1			► X
b	33 1/3% support test—2013. If the organi	zation did not check	a box on line 13 or	16a, and line 15 is	33 1/3% or more,		
	check this box and stop here. The organiz	ation qualifies as a p	oublicly supported o	rganization			▶ [
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization meets Part VI how the organization meets the "fac	the "facts-and-circu	mstances" test, che	eck this box and st	op here. Explain in	1	
b	organization 10%-facts-and-circumstances test—201	3. If the organization	n did not check a bo	ox on line 13, 16a,	16b, or 17a, and lin		> [
	15 is 10% or more, and if the organization r						
	Explain in Part VI how the organization mee	ets the "facts-and-cir	cumstances" test	ı ne organızatıon qu	allities as a publicly	1	▶ [
18	supported organization Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		P [_
	instructions						P [_

Schedule A (Form 990 or 990-EŽ) 2014 NATIONAL CRIMINAL DEFENSE

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

orbining and a significant and	
(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.)	

<u> </u>	tion A. Public Support	quality under th	10 10010 110100 1	cion, picaco o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/	
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	_ · ·	(a) 2010	(b) 2011	(6) 2012	(a) 2013	(e) 2014	(I) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	. <u>-</u>	<u> </u>				
	tion B. Total Support			·		· · · · · · · · · · · · · · · · · · ·	
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		ļ				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,		:				
	and 12)			<u> </u>	<u> </u>	<u> </u>	
14	First five years. If the Form 990 is for the organization, check this box and stop here		, second, third, four	th, or fifth tax year a	as a section 501(c)	(3)	
Sec	tion C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2014 (line 8,	column (f) dıvıded	by line 13, column	(f))		15	%
16	Public support percentage from 2013 Sche					16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2014 (lin	ne 10c, column (f)	divided by line 13,	column (f))		17	%_
18	Investment income percentage from 2013					_ 18	%%
19a	33 1/3% support tests—2014. If the organ						
	17 is not more than 33 1/3%, check this bot						▶ ∐
b	33 1/3% support tests—2013. If the organ						⊾ □
20	line 18 is not more than 33 1/3%, check this						

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)

Secti	on A. All Supporting Organizations			_
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	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	1_1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	 		
	organization was described in section 509(a)(1) or (2)	2		<u> </u>
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	[
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			l
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		ĺ
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	4a		1
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	4b		l
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			1
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			İ
	purposes	4c		
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,			1
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action		!	1
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			1
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			1
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			1
	Part VI.	6	L	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			1
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			1
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		<u> </u>
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)	8		ļ
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			ĺ
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			ĺ
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		ļ
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			l
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
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	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			Í
	determine whether the organization had excess business holdings)	10b		

За

Parent of Supported Organizations Answer (a) and (b) below.

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

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

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

Schedule A (Form 990 or 990-EZ) 2014 NATIONAL CRIMINAL DEFENSE 59-2506611 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (pnor IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2014 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (iii) **Excess Distributions** Underdistributions Section E - Distribution Allocations (see instructions) Distributable Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014 b С d e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2014 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions) Excess distributions carryover to 2015. Add lines 3j and 4c Breakdown of line 7 а b С d Excess from 2013

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 NATIONAL CRIMINAL DEFENSE

59-2506611

Page 8

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

PROMOTIONAL ITEMS

22,157

MISCELLANEOUS REVENUE

\$ 113,894

SCHEDULE D (Form 990)

DAA

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.

Employer Identification number

OMB No 1545-0047

Open to Public Inspection

	ATIONAL CRIMINAL DEFENSE		Linployeric	dentingation number	
	OLLEGE, INC.		59-25	506611	
	rt I Organizations Maintaining Donor Advised Fund	s or Other Similar Funds or Ac			
	Complete if the organization answered "Yes" to For	m 990, Part IV, line 6			
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year	1	•	· ·	
2	Aggregate value of contributions to (during year)			_	
3	Aggregate value of grants from (during year)	2,225			
4	Aggregate value at end of year	32,745			
5	Did the organization inform all donors and donor advisors in writing that the	assets held in donor advised			
	funds are the organization's property, subject to the organization's exclusive			Yes X	No
6	Did the organization inform all grantees, donors, and donor advisors in writing	ng that grant funds can be used			
	only for charitable purposes and not for the benefit of the donor or donor ad	visor, or for any other purpose			
	conferring impermissible private benefit?			Yes X	<u>No</u>
Pa	rt II Conservation Easements.				
	Complete if the organization answered "Yes" to For	m 990, Part IV, line 7			
1	Purpose(s) of conservation easements held by the organization (check all t	hat apply)			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	rtant land a	area	
	Protection of natural habitat	Preservation of a certified historic	structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation	on contribution in the form of a conservat			
	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 structure included		2c		
d	Number of conservation easements included in (c) acquired after 8/17/06, a	and not on a	1		
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, released, extingu	uished, or terminated by the organization	during the	1	
	tax year ▶				
4	Number of states where property subject to conservation easement is local				
5	Does the organization have a written policy regarding the periodic monitoring	ng, inspection, handling of		□ v ₂₋ □	5 1 -
	violations, and enforcement of the conservation easements it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year			
_		anistian agamenta dusing the year			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cons • \$	ervation easements during the year			
	Does each conservation easement reported on line 2(d) above satisfy the r	requirements of section 170(h)(A)(B)(i)			
0	and section 170(h)(4)(B)(ii)?	equirements of section 17 o(1)(4)(D)(1)		Yes	No
9	In Part XIII, describe how the organization reports conservation easements	in its revenue and expense statement, a	nd		
9	balance sheet, and include, if applicable, the text of the footnote to the organization				
	organization's accounting for conservation easements				
Pa	art III Organizations Maintaining Collections of Art, H		imilar A	ssets.	
	Complete if the organization answered "Yes" to Fo	rm 990, Part IV, line 8			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to	report in its revenue statement and bala	nce sheet		
	works of art, historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherai	nce of		
	public service, provide, in Part XIII, the text of the footnote to its financial st	atements that describes these items			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to rep				
	works of art, historical treasures, or other similar assets held for public exh	ibition, education, or research in furtherai	nce of		
	public service, provide the following amounts relating to these items				
	(i) Revenues included in Form 990, Part VIII, line 1		>	\$	
	(ii) Assets included in Form 990, Part X		>	\$	
2	If the organization received or held works of art, historical treasures, or oth		e the		
	following amounts required to be reported under SFAS 116 (ASC 958) rela	iting to these items	2		
а	Revenue included in Form 990, Part VIII, line 1		>	\$	
b	Assets included in Form 990, Part X Paperwork Reduction Act Notice, see the Instructions for Form 990.			\$ Schedule D (Form 990)	201
FOL	raperwork requirion actinotice, see the instructions for rorm 990.			Schedule D (FORM 990)	2016

Part III Organizations Maintair	ing Collections of	Art, Histo	orical Treasures,	or Other	Similar Assets	(continued)
Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other records,	check any o	of the following that are	a significar	nt use of its	
a Public exhibition	d 🔲	Loan or exc	hange programs			
b Scholarly research	e	Other				
c Preservation for future generations						
4 Provide a description of the organization's	collections and explain h	now they fur	ther the organization's e	exempt pur	pose in Part	
XIII						
5 During the year, did the organization solid				milar		
Part IV Escrow and Custodial		rt of the orga	anization's collection?			Yes No
Complete if the organiza		" to Form	990 Part IV line 9	or rend	nted an amount o	n Form
990, Part X, line 21.	don answered Tes	10 1 01111	ooo, rantre, mio	, or rope	riod an amount o	
1a Is the organization an agent, trustee, cus	odian or other intermedia	ry for contri	butions or other assets	not		
included on Form 990, Part X?		,				Yes No
b If "Yes," explain the arrangement in Part 2	KIII and complete the folio	owing table				
	·	•				Amount
c Beginning balance					1c	
d Additions during the year					1d	
 Distributions during the year 					1e	
f Ending balance						
2a Did the organization include an amount o						Yes No
b If "Yes," explain the arrangement in Part	XIII Check here if the exp	planation has	s been provided in Part	XIII		
Part V Endowment Funds. Complete if the organization	ition answered "Ves	" to Form	990 Part IV line	10		
Complete it the organiza	(a) Current year	1		ears back	(d) Three years back	(e) Four years back
1a Beginning of year balance	(a) canon year	(-,	(0,100)		(-,	(c) r sur yours pack
b Contributions						
c Net investment earnings, gains, and						
losses						
d Grants or scholarships						
e Other expenditures for facilities and						
programs						
f Administrative expenses		ļ				
g End of year balance		<u> </u>				
2 Provide the estimated percentage of the		(line 1g, col	lumn (a)) held as			
a Board designated or quasi-endowment						
b Permanent endowment	%					
c Temporarily restricted endowment ►	%					
The percentages in lines 2a, 2b, and 2c s 3a Are there endowment funds not in the po		non that are	held and administered	for the		
organization by	33C3SiOH OF the organizat	non that are	neia ana administered	101 (110		Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(iı)
b If "Yes" to 3a(ii), are the related organiza	tions listed as required or	n Schedule F	२१			3b
4 Describe in Part XIII the intended uses o	f the organization's endov	vment funds	<u></u>			
Part VI Land, Buildings, and E						
Complete if the organiza	ation answered "Yes	" to Form		1		., line 10
Description of property	(a) Cost or other		(b) Cost or other basis	1 ''	Accumulated	(d) Book value
	(investment	'	(other)		depreciation	07 500
1a Land			27,500		92 336	27,500
b Buildings			176,87	-	82,336	94,535
c Leasehold improvements			99,102		99,102	
d Equipment			14,62	 	14,623	
e Other Total. Add lines 1a through 1e (Column (d) mi	ıst equal Form 990 Part	X. column (71	14,023	122,035
. Call And Miles Ta Miles and To Condition (a) the		.,		<u>-</u>		edule D (Form 990) 2014

Part VII	Investments—Other Securities. Complete if the organization answered "Yes	s" to Form 990. Part IV. line	11b. See Form 990. Pa	rt X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	r market value
1) Financial o	derivatives			
2) Closely-he	eld equity interests			
3) Other			· · · · · · · · · · · · · · · · · · ·	·
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			·	
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related. Complete if the organization answered "Yes	o" to Form 000 Port IV line	11c See Form 990 Pa	rt Y line 13
_ 		(b) Book value	(c) Method of	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				· · · · · · · · · · · · · · · · · · ·
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 13) ▶			
Part IX	Other Assets.		· L	- · · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Ye	s" to Form 990, Part IV, line	11d. See Form 990, Pa	art X, line 15
	(a) Descript	•		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)			······································	
(6)			······································	
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>
Part X	Other Liabilities.			200 5 124
	Complete if the organization answered "Ye	es" to Form 990, Part IV, line	e 11e or 11f See Form S	990, Part X,
	line 25.			·····
1.	(a) Description of liability	(b) Book value	_	
	I income taxes		-	
(2)				
(3)			+	
(4)			1	
(5)			+	
(6)			-	
(7)			-	
(8)			-	
(9)	on (h) must oqual Form 000 Post V and (P) line 25 \		+	
	nn (b) must equal Form 990, Part X, col (B) line 25) ▶ r uncertain tax positions In Part XIII, provide the text of th	ye footnote to the organization's fina	noial statements that reports the	he
	s liability for uncertain tax positions under FIN 48 (ASC 74			
vigariization S	madelity for directions tax positions direct him 40 (ASC 74	o, oncor here if the text of the loof	and to the occur provided in Fal	173111

Sche	dule D (Form 990) 2014 NATIONAL CRIMINAL DEFENSE	39-230661	<u> </u>	Pa	1ge 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements Wit	h Revenue per Reti	ırn.		
	Complete if the organization answered "Yes" to Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	307,8	<u> 341</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		Ì		
а	Net unrealized gains (losses) on investments	651	i		
b	Donated services and use of facilities 2b				
С	Recoveries of prior year grants 2c				
d	Other (Describe in Part XIII)		- 1		
е	Add lines 2a through 2d		2e		<u>651</u>
3	Subtract line 2e from line 1		3	307,	<u> 190</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		l		
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII)				
С	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	307,	<u> 190</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements W		eturn.		
	Complete if the organization answered "Yes" to Form 990, Part IV, lir	ne 12a		· · · · · · · · · · · · · · · · · · ·	
1	Total expenses and losses per audited financial statements		1	359,	094
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		. 1		
а	Donated services and use of facilities 2a				
b	Prior year adjustments 2b				
С	Other losses 2c		1		
d	Other (Describe in Part XIII)				
е	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3	359,	094
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII)	 			
С	Add lines 4a and 4b		4c	0.50	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	359,	<u>094</u>

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

NATIONAL CRIMINAL DEFENSE COLLEGE, INC.

Employer identification number 59-2506611

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 PRIOR TO FILING, A DRAFT OF THE COMPLETED FORM 990 IS REVIEWED BY THE DEAN.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE COLLEGE'S ORGANIZATION DOCUMENTS ARE FILED AT THE COLLEGE'S OFFICE AND

ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 24E - OTHER EXPENSES AMOUNT DESCRIPTION BANK SERVICE CHARGES 7,789 0 Ś 16 BANOUETS/SOCIALS 0 0 Ś 7.659 UTILITIES 0 Ŝ 6,873 0 \$ SUPPLIES 0 Ś 384 \$ 3,874 COMMUNICATION 4,173 0 Ś 0 PROMOTIONAL ITEMS 0 \$ 4,152 \$ 0 PROPERTY TAXES 3,538 0 \$ 0 Ś **MISCELLANEOUS** 153 0 \$ 2,862

Schedule O (Form 990	0 or 990-EZ) (201	4)			Page 2
Name of the organization				Employer identification	
NATIONAL (CRIMINAL	DEFENSE		59-25066	511
PRINTING (& PUBLICA	ATIONS			
	\$	0	\$ 2,300	\$	0
SMALL EQU	IPMENT				
	\$	0	\$ 1,298	\$	0
CLE EXPEN	SE				
	\$	1,285	\$ 0	<u>,</u> \$	0
BAD DEBTS					
	\$	625	\$ 0	\$	0
DUES & SU	BSCRIPTIO	ons			
	\$	0	\$ 593	\$	0
PEST CONT	ROL				
	\$	0	\$ 250	\$	0
POSTAGE &	SHIPPING	3			
	\$	31	\$ 138	\$	0