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DLN: 93493215007496

Form **990** 

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Information about Form 990 and its instructions is at <a href="https://www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

2015

Open to Public Inspection

Name change   Section	A	For the	e 2015 ca	endar year, or tax year beg	inning 01-01-2015 , and ending 1	.2-31-201	5				
Advisor June	вс	heck if	C Name of organization				D Emplo	D Employer identification number			
Consideration   Consideratio	Address change							30-02	30-0212513		
Summary	ГΝ	ame ch	nange								
Total International and select (or F1 over marks in ord deliver to carefor address)   Reconstruction   Rec	┌ Ir	nitial ret	turn					E Telepho	ne numb	er	
## Processor persons    P   Name and address of principal officer	Final return/terminated				ox if mail is not delivered to street address)	Room/sui	ite				
Subordinates?   Tes FNo   Policy   Subordinates   Tes FNo   Policy   Tes FNo   T		Boulder CO 80301				<b>G</b> Gross re	eceipts \$	400,273			
Subordinates?   Tes FNo   Policy   Subordinates   Tes FNo   Policy   Tes FNo   T				<b>F</b> Name and address o	f principal officer	T	H(a) ⊺	s this a group	return f	for	
Total content status					LITE 200				· ccaiii i	┌Yes ┌ No	
Tax-exempt status					3112 200				nates	∏Yes ∏No	
Website: ► WWW NITA ORG									a lıst (	see instructions)	
Note   Part   Summary					) ◀ (insert no )   4947(a)(1) or   5	27	H(c) (	Group exempt	on num	ber ►	
Summary	J V	V ebsit	te:► WW	W NITA ORG							
Supply   describe the programations mission or most significant activities			_	Corporation Trust Asso	ociation Other 🕨		<b>L</b> Year	of formation 20	O3 <b>M</b> 9	State of legal domicile DC	
To RAISE FUNDS TO SUPPORT THE ACTIVITIES and to carry out the CHARITABLE AND EDUCATIONAL PURPOSES OF THE national institute of TRIAL ADVO CACY (NITA), also a qualified charity  2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)	P	art I	Sum	mary							
3 Number of voting members of the governing body (Part VI, line 1a)	emance					e CHARI1	ΓABLE A	ND EDUCATI	ONALF	PURPOSES OF THE	
3 Number of voting members of the governing body (Part VI, line 1a)	Gove	2	Check th	ıs box ► if the organızatıd	on discontinued its operations or di	sposed of	f more tha	an 25% of its	net ass	ets	
7a Total unrelated business revenue from Part VIII, column (C), line 12   7a   0   0		3	Number	f voting members of the go	verning body (Part VI, line 1a) .				3	6	
7a   Total unrelated business revenue from Part VIII, column (C), line 12   7a   7b   7b   7c   7c   7c   7c   7c   7c	ij	1							4	5	
7a Total unrelated business revenue from Part VIII, column (C), line 12   7a   0   0	ž	1									
B   Net unrelated business taxable income from Form 990-T, line 34   Prior Year   Current Year	⋖										
Prior Year   Current Year					, , , , , , , , , , , , , , , , , , , ,					0	
10   Investment income (Part VIII, cloumn (A), lines 3, 4, and 7d)		1			,			Prior Year	<del></del>	Current Year	
12   Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line   254,447   400,273     13   Grants and similar amounts paid (Part IX, column (A), lines 1–3 )		8	Contri	butions and grants (Part VI	II, line 1h)			144,9	35	157,685	
12   Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line   254,447   400,273     13   Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	ПE	9							0	0	
12   Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line   254,447   400,273     13   Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	e Ae	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					109,5	12	242,588	
12)  3 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Ξ.								0	0	
14 Benefits paid to or for members (Part IX, column (A), line 4)		12		evenue—add lines 8 throug	h 11 (must equal Part VIII, columi	n (A ), line	9	254,4	47	400,273	
15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   14,530     16a   Professional fundraising fees (Part IX, column (A), line 11e)		13	3 Grants and similar amounts paid (Part IX, column (A), lines 1–3)						. 20	237,783	
16a Professional fundraising fees (Part IX, column (A), line 11e)		14	Benefit	ts paid to or for members (F		0	0				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	82	15			ployee benefits (Part IX, column (A	(), lines		26,1	.01	14,530	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	16a	•			0	0				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ੜੇ	ь	Total fu	ndraising expenses (Part IX, colur	nn (D), line 25) <b>▶</b> 2,494						
Paid Preparer    19   Revenue less expenses Subtract line 18 from line 12   52,381   130,110		17	Other	expenses (Part IX, column	(A), lines 11a-11d, 11f-24e) .			51,8	345	17,850	
Beginning of Current Year End of Year  20 Total assets (Part X, line 16)										270,163	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here    XAREN M LOCKWOOD EXECUTIVE DIRECTOR   Type or print name and title    Print/Type preparer's name   Preparer's signature   Rita F Worster CPA   Preparer's signature   Self-employed   Firm's name   BKD LLP   Firm's early self-employed   Firm's early self-employed   Propage (719) 471-4390   Propage (	চ <u>৪</u>		Reven	ue less expenses Subtract	line 18 from line 12			<u> </u>			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here    XAREN M LOCKWOOD EXECUTIVE DIRECTOR   Type or print name and title    Print/Type preparer's name   Preparer's signature   Rita F Worster CPA   Preparer's signature   Self-employed   Firm's name   BKD LLP   Firm's early self-employed   Firm's early self-employed   Propage (719) 471-4390   Propage (	Set afan	20	Totala	Ital assets (Part X, line 16)						3.388.868	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here    XAREN M LOCKWOOD EXECUTIVE DIRECTOR   Type or print name and title    Print/Type preparer's name   Preparer's signature   Rita F Worster CPA   Preparer's signature   Self-employed   Firm's name   BKD LLP   Firm's early self-employed   Firm's early self-employed   Propage (719) 471-4390   Propage (	\$ B	21								335,479	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign Here    X******	žÏ	22							-	3,053,389	
Print/Type preparer's name Rita F Worster CPA  Preparer's signature Rita F Worster CPA  Preparer's signature Rita F Worster CPA  Preparer's signature Rita F Worster CPA  Print/Type preparer's name Rita F Worster C	Und my I prep	er pen knowle barer h	nalties of pedge and bras any kr	perjury, I declare that I have belief, it is true, correct, and ownedge  ** ture of officer  N M LOCKWOOD EXECUTIVE DIR	d complete Declaration of preparer			2016-08-15			
Paid Preparer  Rita F Worster CPA  P00290681  Firm's name  BKD LLP  Firm's address  111 South Teron Suite 800  Rita F Worster CPA  P00290681			Туре	or print name and title							
Preparer  Firm's name BKD LLP  Firm's eddress 111 South Teron Suite 800  Phone po (719) 471-4390	Da'	: ~!				Da	ate			581	
" I Firm's address ► 111 South Leion Suite 800 I Phone no 710 471-4200			or	ım's name 🕨 BKD LLP				' '		_	
		•	1 -	ırm's address ► 111 South Tejon	Suite 800			Phone no (719	471-429	90	

Colorado Springs, CO 809039848

May the IRS discuss this return with the preparer shown above? (see instructions)

Par	IIII Statement of Program	——————————————————————————————————————				
	Check if Schedule O contain		o any line in this Part	<u> III </u>	<u> </u>	
1	Briefly describe the organization's					
CAR WHI SUP UNI STU SCH LON PRO	NITA FOUNDATION, A QUALIFIED RY OUT THE CHARITABLE AND ED CH IS ALSO A QUALIFIED CHARIT PORT ACTIVITIES AIMED AT IMPE ED STATES AND OTHER COUNTR DENTS IN PARTICULAR, THE NITA DLARSHIP PROGRAM AND PUBLIC G-RANGE GOALS AND OBJECTIVE FESSIONAL ADVOCATES, CREATE NING AND EDUCATIONAL MATER	UCATIONAL PURPO Y IN THE FURTHERA ROVING AND ASSIST IES THROUGH EDUCA FOUNDATION HELI SERVICE SUPPORT S ARE TO ENABLE A E AND PROMOTE THE	SES OF THE NATION ANCE OF ITS MISSIC TING THE ADMINIST CATION AND TRAINIPS FURTHER THE MIPLAN OUTLINING IN AND ENCOURAGE LAEHIGHEST QUALITY	NAL INSTITUTE FOR TRIAL  ON, THE NITA FOUNDATION  RATION OF JUSTICE IN TH  NG OF LAWYERS, PROFESS  SSION OF NITA THROUGH  NITA'S PROGRAMS AND PU  WYERS TO BECOME EFFECT  PROFESSIONAL AND ETH	ADVOCACY (NITA)  N SHALL PROMOTE A  HE COURTS OF THE  ORS OF LAW, AND LA  THE FOUNDATION'S  BLICATIONS NITA'S  TIVE, ETHICAL, AND	ND W
2			ervices during the yea	r which were not listed on	<b>▽Yes ▽No</b>	
_	If "Yes," describe these new servic					
3	Did the organization cease conduct services?		nt changes in how it co	onducts, any program	⊤Yes ▼No	
_	If "Yes," describe these changes or					
4	Describe the organization's program expenses Section 501(c)(3) and 5 the total expenses, and revenue, if a	01(c)(4) organizations	s are required to repor			
4a	(Code ) (Expenses	\$ \$ 109,555	including grants of \$	108,100 ) (Revenue \$	)	
	SCHOLARSHIP PROGRAM THE NITA FOUN PROGRAM EACH YEAR, THE FOUNDATION THE UNDERSERVED, DISENFRANCHISED, OTHERWISE AFFORD TO ATTEND A NITA FAVAILABLE FOR MOST PUBLIC PROGRAMS	I SELECTS WORTHY APPLIC AND INDIGENT IN OUR COI	CANTS WHO HAVE DEMONS MMUNITY THE FOUNDATION	FRATED THEIR COMMITMENT TO PU ON PROVIDED TUITION ASSISTANCE	JBLIC SERVICE BY REPRESE TO ATTORNEYS WHO COUL	ton d.
	(Code ) (Expenses	s \$ 129,683	ıncludıng grants of \$	129,683 ) (Revenue \$	)	
4b	PROGRAM SERVICES THE NITA FOUNDAT LAWYERS WORKING IN THE FOLLOWING A LAW THE FOUNDATION PROVIDED A NUM AS TO THOSE ATTORNEYS WORKING IN D ADDITION, BOOKS ARE DONATED TO LAW	ION SUPPORTS A VARIETY REAS CHILD ADVOCACY, I BER OF SCHOLARSHIPS FO EVELOPING NATIONS TO AD	OF PUBLIC SERVICE PROG DEATH PENALTY DEFENSE, OR TUITION ASSISTANCE TO DVANCE THE RULE OF LAW	RAMS THAT ARE OFFERED FREE OR TRIBAL ADVOCACY, LEGAL SERVICE DATTORNEYS WORKING IN THE ARI AND PROMOTE GENDER EQUALITY	FOR A REDUCED FEE TO S, AND INTERNATIONAL RUI EA OF CHILD ADVOCACY AS SERVICE PROGRAMS IN	
4c	(Code ) (Expenses	; \$	ıncludıng grants of \$	) (Revenue \$	)	
	-					
4d	Other program services (Describe	ın Schedule O )				
	(Expenses \$	including grants of	f \$	) (Revenue \$	)	
4e	Total program service expenses ►	239,238				

art IV	Chec	klist	of	Reauire	d	Scher	dule	5
					ч.		uui	

G I	Checkist of Regulied Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😼	10	Yes	
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		No
	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		No
	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		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?  If "Yes," complete Schedule D, Part X	11f		N o
	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
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 (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		