	!				
÷			Short Form		OMB No 1545-1150
Form	<b>. 9</b> 9	<b>0-EZ</b>	Return of Organization Exempt From Income Ta	x	<u></u>
1011		· · · ·	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for		2013
			N De not onter Casial Converts graphers on this form on it may be made public		Open to Public
Depa	rtment o	f the Treasury	Do not enter Social Security numbers on this form as it may be made public	<i>.</i> .	Inspection
Interr	al Rever	nue Service	► Information about Form 990-EZ and its instructions is at www.irs.gov/form9		
	or the : heck if ap		ar year, or tax year beginning 10/01 , 2013, and ending C Name of organization D	09/30 Employer ic	, 20 14 lentification number
	ddress c	•	National Intelligence University Foundation		5-2763650
<u> </u>	lame cha	-		Telephone n	
	nitial retur Terminate		4400 Fair Lakes Court		3-631-6166
	mended	return		Group Exe Number	•
		n pending	Fairfax, VA 22033     H       □ Cash     ✓ Accrual       Other (specify)		If the organization is not
	/ebsite	+			ach Schedule B
JTa	ax-exen	npt status (ch	eck only one) – 🗹 501(c)(3) 🔲 501(c) ( ) ◀ (insert no ) 🗌 4947(a)(1) or 🛛 527 (Fo	990, 99	0-EZ, or 990-PF).
			Corporation Trust Association Other		
			7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total as w) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	ssets	
<u> </u>	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the inst	struction	s for Part I)
			the organization used Schedule O to respond to any question in this Part I		
	1		ons, gifts, grants, and similar amounts received	. 1	27,560
	2	-	ervice revenue including government fees and contracts	. 2	3,030
	3 4	Investmen		. 3	
	- 5a		bunt from sale of assets other than inventory   5a		
	b		or other basis and sales expenses		
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5c</u>	
	6	-	nd fundraising events come from gaming (attach Schedule G if greater than		
e	а				
Revenue	b	Gross inco	ome from fundraising events (not including <u>\$</u> of contributions	4	
Be			raising events reported on line 1) (attach Schedule G if the	e e-geo	
			ch gross income and contributions exceeds \$15,000) 6b		
	c d		ct expenses from gaming and fundraising events 6c	act	
		line 6c)		· 6d	
	7a		es of inventory, less returns and allowances 7a	5-45-490	
	b		of goods sold	. 7c	
	с 8			. 8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	30,590
	10		d similar amounts paid (list in Schedule O)	. 10	
	11	•		. 11	9,706
Expenses	12 13	Salaries, o	ther compensation, and employee benefits S	. <u>12</u> . 13	
ber	14		y, rent, utilities, and maintenance	. 14	
ã	15		ublications, postage, and shipping	. 15	662
	16	Other exp	enses (describe in Schedule O)	16	5,557
	17		enses. Add lines 10 through 16         . <th< td=""><td>► 17 . 18</td><td>15,925</td></th<>	► 17 . 18	15,925
ets	18 19		s or fund balances at beginning of year (from line 9)		14,665
Ass			ar figure reported on prior year's return)		5,125
Net Assets	20		nges in net assets or fund balances (explain in Schedule O)	. 20	
	21		s or fund balances at end of year. Combine lines 18 through 20	▶ 21	19,790 Form 990-EZ (2013)
For	Paper	work Reduc	tion Act Notice, see the separate instructions. Cat No 106421	0 (	€ Form 330-22 (2013)
			V V	Y	

SCANNED MAR 1 0 2015

Form 9	990-EZ (2013)					Page <b>2</b>
Pa	t II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to ar				<u> </u>
00	Cash assures and succession		ļ_	(A) Beginning of year		(B) End of year
22 23	Cash, savings, and investments		· · · · · ·	8,665	22	17,814
23	Other assets (describe in Schedule O)		· · · · ·	1,646	_	2 027
25	Total assets			10,311		<u>2,027</u> 19,841
26	Total liabilities (describe in Schedule O)			5,186		<u> </u>
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	5,125		19,790
Par						
	Check if the organization used Schedule	O to respond to an	ny question in this I	Part III 🛛 . 🔲	(Red	Expenses guired for section
What	is the organization's primary exempt purpose?	Promote educational	and scientific progra	ams for NIU.	501	(c)(3) and 501(c)(4)
	ribe the organization's program service accomplia					anizations and section 7(a)(1) trusts, optional
	easured by expenses. In a clear and concise m		e services provided	, the number of		others)
	ons benefited, and other relevant information for ea	· · · · · · · · · · · · · · · · · · ·				
	Supported and promoted the educational, scientific,					
	Intelligence University through outreach educational	programs to student	s enrolled in the NIU.			
	(Grants \$ ) If this amount	includes foreign gra	nts check here	·····	28a	
29					200	9,706
20						
	(Grants \$) If this amount	includes foreign gra	nts, check here	🕨 🗖	<b>2</b> 9a	a
30						
		includes foreign gra		🕨 🗖	30a	a
31	Other program services (describe in Schedule O)			· · · · ·		
20		Includes foreign gra			31a	
Par	Total program service expenses (add lines 28a t LIV List of Officers, Directors, Trustees, and Key	- ·			32	0,700
r ai	Check if the organization used Schedule					<u>.</u>
	Oneok in the organization used benedule		(c) Reportable	(d) Health benefits,	÷.	
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	contributions to employe benefit plans, and		Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred compensation		other compensation
VAD	/ (ret) Mike McConnnell					
Chair		1	-0-	-0	)-	-0-
John	McLaughlin				1-	
	ty Chairman	1	-0-	-0	)-	-0-
LTG	(ret) Ronald Burgess					
Direc		1	-0-	-0	).	-0-
	ael Chertoff					
Direc		1	-0-	<u> </u>	<u>)-</u>	-0-
	Margaret Graham					-
Direc		1 	-0-		<u></u>	-0-
Direc	(ret) Michael Hayden	1.	-0-	-0		0
	M (ret) Lowell Jacoby					0
Direc		1	-0-	-0		-0-
	(ret) Jeff Kimmons					
Direc		1	-0-			-0-
Scot	Large					
Direc	tor	1	-0-		)-	-0-
Lt Ge	n. (ret) Ken Mınihan	4				_
Direc	tor	1	-0-		<u>-</u>	-0-
	onald Sanders	4				
Direc		1	-0-		<u>-</u>	-0-
	rt Shea	4_				
Direc	tor	1	-0-		)•	-0-

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Form 990-EZ (2013)

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Form 9	990-EZ (2013)					Page <b>2</b>
Par	t II Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to ar				
	0			(A) Beginning of year		d of year
22	Cash, savings, and investments		· · · · ·		22	
23 24	Land and buildings	• • • • • •	· · · · · }		24	
24 25	Total assets		· · · · · ·	1-	25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)		27	
Par				Part III)	Evo	enses
	Check if the organization used Schedule	O to respond to an	ny question in this	Part III 🛛 . 🔲	Required fo	
What	t is the organization's primary exempt purpose?				501(c)(3) an	
as m perso	ribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	f its three largest p services provided	rogram services,		ns and section rusts; optional
28						
	(Grants \$ ) If this amount	Includes foreign gra	nts, check here .	· · · ▶ □	28a	
29						
	(Grants \$) If this amount	includes foreign gra	ints, check here	• 🗆	29a	
30						
		includes foreign gra		<u> ► □</u> ;	30a	
31	Other program services (describe in Schedule O)			· · · · · -		
~~		Includes foreign gra			31a	
1000	Total program service expenses (add lines 28a to 10 lines 28a to 10 lines 28a to 10 lines 28a to 10 lines 28a to 20 lines 28a				32	for Port I\A
r ai	Check if the organization used Schedule					_
	Oncert if the organization used conclude	(b) Average	(c) Reportable	(d) Health benefits.		
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employed benefit plans, and deferred compensation		ated amount of ompensation
Dr. J	ennifer Sims	]				
Direc		1	-0-	-0-		-0-
Mich	ael Sulick					
Direc		1	-0.	-0	•	-0-
	VonThaer	4				•
Direc	A Town Mile on	1	0	-0	·	-0-
Direc	M Tom Wilson	1	-0-	-0		-0-
	M (ret) Dr. Richard Schneider	<u></u>		<b>`</b>	1	
Direc		1	-0-	-0	-	-0-
GEN	Richard Cody					
Direc	tor	1	-0-	-0	•	-0-
	ael Morell					
Direc			-0	-0	•	-0-
	e Ritchey utive Director / Secretary	2	-0	-0	.	-0-
-	ck Miorin			-0	1	
Trea		2	-0	-0	-	-0-
	······································			<u> </u>	+	
		·				
		<u> </u>	• • • • • • • • • • • • • • • • • • •	· · · · ·	-	

I.

Form 990-EZ (2013)

Form 990	D-EZ (2013)		P	age 3
Part	Other Information (Note the Schedule A and personal benefit contract statement requirement	s in th	e	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	s Part \	<u>/</u>	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	_	1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		$\checkmark$
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions  37a -0-	}%;	÷ *	1. 1. 1.
	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	à à an	• • • • • • •	<u> </u>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<b>38</b> a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved			323
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9		, î	
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 > -0- ; section 4912 > -0- ; section 4955 > -0-		, <b>A</b> ob.	
ь	section 4911 Section 4912 Section 4912 -0- ; section 4955 -0- Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		r direc	(U)
U	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	<u> 682 6. ".</u>	<u> </u>	2633
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		1
с	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			19-1-
	organization managers or disqualified persons during the year under sections 4912,		* ? * }	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	4955, and 4958	and in	, s s , t	1. * 1
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	83. Ars	. 75	
	reimbursed by the organization		• • •	2 2
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>40</b> e		<u>1</u> √
41	List the states with which a copy of this return is filed  None			
42a		03-63		ô
<b>F</b>	Located at > 4400 Fair Lakes Court, Fairfax, VA ZIP + 4 >	22		
b	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 accour		res	No
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements			
	and Financial Accounts.			
c	At any time during the calendar year, did the organization m If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 9			
	and enter the amount of tax-exempt interest received or acc			
44a	Did the organization maintain any donor advised funds completed instead of Form 990-EZ			
b	Did the organization operate one or more hospital facilitie completed instead of Form 990-EZ			
c d	Did the organization receive any payments for indoor tannin If "Yes" to line 44c, has the organization filed a Form 72 <i>explanation in Schedule O</i>			
45a	Did the organization have a controlled entity within the mea			
45b	Did the organization receive any payment from or engage in meaning of section 512(b)(13)? If "Yes," Form 990 and Se Form 990-EZ (see instructions)			

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Form 99	90-EZ (2013)							Page 4
							Yes	No
46	Did the organization engage, directly or in			on behalf of o	r in opposi			<u> </u>
Daut	to candidates for public office? If "Yes," of		, Parti		• • •	. 46	<u> </u>	
Part	VI Section 501(c)(3) organizations All section 501(c)(3) organization		stions 47, 40h and	d 52 and aa	molata th	a tablaa f	orlin	
	50 and 51.	is must answer que	Stions 47-450 and	1 52, and Co	inpiere in	e lables i		183
	Check if the organization used Sc	hedule () to respond	to any question in	this Part VI				Г
	oneek in the organization used be		r to any question in		<u>· · ·</u>	<u>· · · · ·</u>	Yes	No
47	Did the organization engage in lobbying	activities or have a	section 501(h) elect	ion in effect	durina the	tax	1.00	
	year? If "Yes," complete Schedule C, Par					. 47		1
48	Is the organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," complete	e Schedule E		. 48		1
49a	Did the organization make any transfers t	o an exempt non-cha	iritable related organ	nization?		. 49a		$\checkmark$
b	If "Yes," was the related organization a se					. <b>49b</b>		
50	Complete this table for the organization's							
	employees) who each received more than	n \$100,000 of compe	nsation from the org			e, enter "N	one.	n
		(b) Average	(c) Reportable	(d) Health contributions	benefits, to employee	(e) Estimate	d amc	ount of
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MIS)	benefit plans,	and deferred			
		· · · · · · · · · · · · · · · · · · ·		<sup>27</sup> compe	Isation			
None								
			+	· <del> </del>				
		1						
f	Total number of other employees paid ov							
51	Complete this table for the organization \$100,000 of compensation from the orga			nt contractors	s who each	1 received	more	e thar
	\$100,000 of compensation from the orga							<u> </u>
	(a) Name and business address of each independ	dent contractor	(b) Type of se	ervice	(c	) Compensatio	'n	
None								
			1					
						·		
			4					
<del></del>								
			4					
d	Total number of other independent contr	actore coch receiving		•	N	one		
	Total number of other independent contra Did the organization complete Schedule	-						
52	nonexempt charitable trusts must attach					► 🕢 Yes		No
Linder r	penalties of perjury, I declare that have examined this	•	· · · ·					
true, co	prrect, and complete Declaration of prepare (other that	h officer) is based on all info	ormation of which prepare	er has any knowle	edge	/	501101,	,
	- A Man	-	· -		2/24	1201	5	
Sign	Signature of other			Dat	e	-		
Here								
	Type or print name and title	-						
Paid	Print/Type preparer's name	Preparer's signature		Date	Check		_	
	oarer	, I			self-emplo	yed		
-	Only Firm's name				n's EIN 🕨			
Marit	Firm's address ►	wahawa ahawa 0.0	inate at a co	Pho	one no	<u> </u>	<u> </u>	
may t	he IRS discuss this return with the prepare	and a shown above? See	instructions	<u>.</u>	· · ·	Yes		No_

•

Form 990-EZ (2013)

•	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-F7

OMB No 1545-0047

2013
Open to Bublie

	nent of the Treasury Revenue Service	Information about	► Attach to t Schedule A (Form 990	Form 990 or 990-EZ	or Form 9 ) and its in	990-EZ. structions	is at www	v.irs.gov/fc	orm990.		n to F spect	Public
Name	of the organization							Employer ic	lentificatio		-	
		niversity Foundation								763650	)	
Par			rity Status (All orga						nstructio	ons.		
	-		ation because it is: (Fo hes, or association of		-		-		).			
	_		170(b)(1)(A)(ii). (Attac						-			
			spital service organiza									
	hospital's name, city, and state:											
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
	An organizat	on that normally	nment or governmenta receives a substantia i <b>(A)(vi).</b> (Complete Par	l part of					nit or fror	n the	genera	al public
8	A community	trust described i	n section 170(b)(1)(A)	<b>)(vi).</b> (Cor	nplete Pa	art II.)						
9	receipts from support from	n activities related	receives: (1) more that d to its exempt funct ant income and unrel fter June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	certain ex xable inc	ceptions	s, and (2) ss sectio	no mor	e thar	n 33¹/₃	% of its
10	An organizat	ion organized and	l operated exclusively	to test fo	or public s	safety. Se	ee <b>sectio</b>	n 509(a)(	4).			
<b>11</b>	purposes of	one or more put	nd operated exclusive blicly supported organ describes the type of a	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	)9(a)(2	) See	
	a 📋 Type	і b 🗌 Туре	II c 🗌 Type II	I–Functio	nally inte	grated	d 🗌	Type III–N	Non-funct	tionall	y integ	grated
е		undation manage	that the organization ers and other than one			-						•
f	If the organ		a written determinatio	on from	the IRS 1	that it is	а Туре	I, Type	ll, or Typ	pe III	suppo	orting
g	•	t 17, 2006, has t	he organization accept	oted any	gift or co	ontributio	n from a	ny of the	· · ·			• 🗆
			ndirectly controls, eitl	her alone	or toget	her with	persons	describe	d in (ii) ai	nd	Y	es No
		-	ody of the supported		-						1g(i)	
	(ii) A family	member of a pers	on described in (i) abo	ove?						1	1g(ii)	
	• •	•	a person described in							. <u>1</u>	1g(iu)	
<u>h</u>		1	on about the support			· · · · · · · · · · · · · · · · · · ·				T		
(1) (	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section	In col (I) li	organization sted in your document?	the organ col (i)	ou notify nization in of your port?	organizat (i) organi	is the tion in col zed in the S?	(vii) Ai	mount o suppo	of monetary ort
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
(A)												
(B)												
(C)	÷				-	-						
(D)												
(E)												
						1	1			1		

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

Total

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

## Schedule A (Form 990 or 990-EZ) 2013

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ı.

Part							
	(Complete only if you checked th						alify under
0	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support		<u></u>		4 11 4 4 4 4 4		
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the	<u> </u>				·	
2	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						
5	The portion of total contributions by	· · · · · · · · · · · · · · · · · · ·				No. Walter	
	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)	a familie i fage fage -	a stand in the	and a set of the set of			
~			<u>kinin sin sin s</u>	<u>と、後後代をかいまい</u> とくて新たってきまい	1.5417.1936 2.5417.1834	<u> 146 - 1 ( 7) 8</u>	
<u>6</u> Secti	Public support. Subtract line 5 from line 4. on B. Total Support	<u></u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	π)γ≫3° *}.		<u>( { { } { } { } { } { } { } { } { } { } </u>	
	dar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	(a) 2000	(5) 2010	(0) 2011		(0) 2010	
8	Gross income from interest, dividends,						
Ŭ	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)		/ » & , ·			k niven ""	
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	(see instructu	<u>), , , , , , , , , , , , , , , , , , , </u>	<u>  &amp; # w · 148/ 4</u>	2 2 1 ~ 2 ~ 1 min	12	
13	First five years. If the Form 990 is for the				. or fifth tax v		n 501(c)(3)
	organization, check this box and stop he	-			-		▶ □
Secti	on C. Computation of Public Support	rt Percentag	e				
14	Public support percentage for 2013 (line			1, column (f))		14	%
15	Public support percentage from 2012 Sci					15	%
16a	331/3% support test-2013. If the organi						
_	box and stop here. The organization qua			-			. 🕨 🗆
b	331/3% support test-2012. If the organ					15 IS 331/3%	· -
	check this box and <b>stop here.</b> The organ	•		••••••	•		· • □
17a	10%-facts-and-circumstances test-2	-					
	10% or more, and if the organization me Part IV how the organization meets the "1						
	organization			-			
ь	10%-facts-and-circumstances test-2				on line 13 14	a 16b or 17a	
U	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization m						
	supported organization						▶ □
18	Private foundation. If the organization di	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	Instructions						. 🕨 🗖

Schedule A (Form 990 or 990-EZ) 2013

Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked the						er Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	mplete Part I	1.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received (Do not include any "unusual grants ")			8,940	23,710	27,560	60,210
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	·		o	0	0	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			0	0	o	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf	Ì		0	0	0	0
5	The value of services or facilities						<u> </u>
	furnished by a governmental unit to the						
	organization without charge			0	0	o	n
6	Total. Add lines 1 through 5			8,940	23,710	27,560	60,210
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			o 1	0	o	0
b	Amounts included on lines 2 and 3						<b>`</b>
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year			0	0		0
с	Add lines 7a and 7b			0	0	0	0
8	Public support (Subtract line 7c from	2 ** *** K 2 ****	to a constant	2	A Martin at		
	line 6)	1. (De 2. 3. 7.) V.		and the second			60,210
Secti	on B. Total Support						
-	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6			8,940	23,710	27,560	60,210
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,						
	royalties and income from similar sources			0	0	o	0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1					
	acquired after June 30, 1975			o	0	o	0
с	Add lines 10a and 10b			0	0	0	0
11	Net income from unrelated business						<b>`</b>
	activities not included in line 10b, whether						
	or not the business is regularly carried on			o	o	o	0
12	Other income Do not include gain or			, v			0
	loss from the sale of capital assets						
	(Explain in Part IV.)			0	0	3,030	3,030
13	Total support. (Add lines 9, 10c, 11,			· · · · · · · · · · · · · · · · · · ·		5,000	3,030
	and 12.)			8,940	23,710	30,590	63,240
14	First five years. If the Form 990 is for the	he organization	n's first, secon	d, third, fourth	, or fifth tax ve	ear as a section	1 501(c)(3)
	organization, check this box and stop he				-		🏲 🔽
Secti	on C. Computation of Public Support			<u>.</u> .			
15	Public support percentage for 2013 (line			13, column (f))		15	%
16	Public support percentage from 2012 Sci					16	%
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2013 (			y line 13, colur	mn (f))	17	%
18	Investment income percentage from 2012					18	%
19a	331/3% support tests-2013. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2012. If the organiz		-			-	
'	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, o	heck this box	and see instruc	

Schedule A (Form 990 or 990-EZ) 2013

Part IV	orm 990 or 990-EZ) 2013 Page Supplemental Information Provide the explanations required by Part II, line 10: Part II, line 17a or 17b; and
Faltiv	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).
, <b></b>	

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www				ecific questions on I information.	OMB No 1545-0047 2013 Open to Public Inspection
Name of the organization				Employer identif	ication number
National Intelligence U	niversity Foundation			4	5-276 <u>3560</u>
Part I, Line 16 - Other E	Expenses:				
Business Expenses	\$ 80				
Insurances	1,912				
Marketing	3,500				
Travel	65				
Total	\$ 5,557				
Part II - Balance Sheet					
Line 24 - Other Assets		Column A	Column B		
Accounts Receivab	le	\$ 410	\$ - 0 -		
Prepaid Expenses		1,236	2,027		
Total		\$ 1,646	\$ 2,027		
Line 26 - Other Liabilit		\$ 5,000	\$ - 0 -		
Accounts Payable		186	51		
Total		\$ 5,186	\$ 51		
····					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 51056K

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Schedule O (Form 990 or 990-EZ) (2013)