					Short For						OMB No. 1545-	-1150
Form	<u> </u>	30-EZ	Return of	Organizat	ion Exem	ıpt Fro	m I	ncome	e Tax			0
TOM			Under	section 501(c), 527 (except black lung							201	2
			Sponsoring organization	s of donor advised	funds, organizati	ions that op	erate o	ne or more		cilities,	Onon to D	ublia
			and certain controlling o All other organizatio								Open to P	
		of the Treasury	The enveningtion		of the year may ι						Inspecti	on
			► The organization i ar year, or tax year begin		10/01			and ending	-	09/30	, 20	13
_		pplicable:	C Name of organization	9	10/01	, _	, .				entification numb	
	Address o		NATIONAL JUVENILE		TION INC					-	6-6142750	
ı []	Name cha	ange	Number and street (or P.O.	box, if mail is not de	livered to street a	ddress)		Room/suite	E Telep	phone n	umber	
	nitial retu		PO Box 8970							77	5-784-6012	
	Ferminate Amended		City or town, state or count	ry, and ZIP + 4					F Grou	up Exe	mption	
	Applicatio	on pending	Reno, NV 89507-8970						Nun	nber 🕨		
G A	Accoun	ting Method:	Cash 🖌 Accrual	Other (specify) 🕨				H Check	🕨 🗌 i	if the organizatio	n is not
	Vebsi		.ncjfcj.org						•		ach Schedule B	
JTa	ax-exer	npt status (che	eck only one) - 🔽 501(c)(3) 🔝 501(c) () < (insert no.) 🗌 4947(a)	(1) or	527	(Form 9	90, 990	0-EZ, or 990-PF)	
	heck		e organization is not a sec	()())	0 0			0		•	•	
			0. A Form 990-EZ or Forr			h Form 990)-N (e	-postcard)	may be rec	quired ((see instructions)). But if
	0		oses to file a return, be su 'b, to line 9 to determine gro			200 000 or n	nora c	r if total as	ots (Part II			
			ow) are \$500,000 or more, f									11 100
	art I	. ,	e, Expenses, and C							ctions		11,133
			the organization used									. 🗸
	1		ons, gifts, grants, and s									10,880
	2		ervice revenue includir							2		0
	3		ip dues and assessme							3		0
	4	Investmen	t income							4		253
	5a	Gross amo	ount from sale of assets	s other than inve	entory		5a		0			
	b	Less: cost	or other basis and sale	es expenses .		[5b		0			
	с 6		ss) from sale of assets nd fundraising events	other than inven	ntory (Subtrac	t line 5b fr	rom lii	ne 5a) .		5c		0
_	а		ome from gaming (a	ttach Schedule	G if greate	er than						
οnc		\$15,000)				· · [6a		0			
Revenue	b		ome from fundraising e	•	<u> </u>		0 of	contributi	ions			
Ве			raising events reported				I					
			ch gross income and c			· –	6b		0			
	C		ct expenses from gamin le or (loss) from gamir				6c	Ch and	0	-		
	d								Subtract	6d		•
	7a	-	es of inventory, less ret				7a	• • •	0			0
	b						7b		0	-		
	c		fit or (loss) from sales o				-		•	7c		0
	8		nue (describe in Scheo							8		0
	9		nue. Add lines 1, 2, 3,							9		11,133
	10		d similar amounts paid	•	,					10	1	11,808
	11		aid to or for members							11		0
ses	12		ther compensation, an							12		0
ens	13		al fees and other paym							13		0
Expenses	14		y, rent, utilities, and ma							14		0
ш	15		ublications, postage, a							15		0
	16 17		enses (describe in Sche enses. Add lines 10 thr							16 17	4	5,595
	18		(deficit) for the year (Su							18		17,403
Net Assets	19		s or fund balances at l									55,210
Ass			ar figure reported on pr							19	1	19,029
et ,	20	Other char	nges in net assets or fu	nd balances (ex	plain in Scheo	dule O) <u>.</u>		<u></u>	<u></u>	20		1,194
Ż	21		or fund balances at er		-					21		13,953
For	Paper		tion Act Notice, see the					No. 10642I			Form 990-E 2	

	990-EZ (2012)					Page 2
Pa		,				
	Check if the organization used Schedule	O to respond to ar		Ant II		(B) End of year
22	Cash, savings, and investments			104,567	22	13,953
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)			27,948		0
25	Total assets . <t< td=""><td></td><td></td><td>132,515</td><td></td><td>13,953</td></t<>			132,515		13,953
26	Total liabilities (describe in Schedule O)			13,486		0
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	119,029		13,953
Par						
	Check if the organization used Schedule	O to respond to ar	ny question in this F	Part III 🛛 . 🗌	(Rec	Expenses guired for section
What	is the organization's primary exempt purpose?	See Schedule O, Sta	itement 1			(c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each o	f its three largest pr	ogram services.		anizations and section
as m	easured by expenses. In a clear and concise m	anner, describe the				7(a)(1) trusts; optional others.)
perso	ons benefited, and other relevant information for ea	ach program title.	-			
28	Juvenile Justice Programs: Assisted the National Co	ouncil of Juvenile and	Family Court Judge	s (NCJFCJ) in:		
	(a) improving the standards, practices, and effective	ness of Courts exerc	ising jurisdiction ove	r families and		
	(Continued on Schedule O, Statement 2)					
	(Grants \$ 111,808) If this amount	includes foreign gra	ints, check here .	🕨 🗌	28 a	ı 5,595
29						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	🕨 🗌	29 a	1
30						
				·····	~~	
~ .			ints, check here .		30a	1
31	Other program services (describe in Schedule O)_				~	
32	(Grants \$ 0) If this amount Total program service expenses (add lines 28a t	Includes foreign gra	ints, check here .	<u> 🕨 🗌</u>	31a 32	-
Par						5,595
Far	Check if the organization used Schedule				struc	
		· · ·	(c) Reportable	(d) Health benefits,	· ·	••••
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe		
		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensatior		other compensation
Dour	alas F Johnson	0.25				
	ctor 2012-2013	-	0		0	0
-	chael Key	0.25				
	ctor 2012-2014	-	0		0	0
-	cia M Martin	0.25				
	ctor 2012-2014	-	0		0	0
	y Walker	0.25				
	surer 2012-2013		0		0	0
	ene Byrne	0.25				
	ctor 2012-2013, Treasurer 2013-2014		0		0	0
	Kay Bickett	0.25				
	etary		0		0	0
	ael Nash	0.25				
Dire	ctor 2013-2014		0		0	0
Barb	ara Salinitro	0.25				
Dire	tor 2013-2014	1	0		0	0
Mon	que Sherman	0.25				
	stor 2012-2014]	0		0	0
		1			1	
		-				

Form 99	90-EZ (2012)		Р	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		ν.	
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	Yes	No
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		~
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		~
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		~
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 b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 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 any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9 39a Gross receipts, included on line 9, for public use of club facilities 39b	_		
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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		~
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ● 0 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c ● 0			
d e	reimbursed by the organization $\dots \dots \dots$			
	transaction? If "Yes," complete Form 8886-T	40e		~
41 42a	The organization's books are in care of ► Cheryl D Dailey Telephone no. ►	775-78		
b	Located at ► PO Box 8970, Reno, NV 89507-8970 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	89507	-8970 Yes	No
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b		
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No V
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		~
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) .	45b		~

Form 990-EZ (2012)

46								Page
Đ	Did the organization engage, directly or i	ndirectly. in political c	ampaign activities o	n behalf o	f or in opposit	tion	Yes	No
•	to candidates for public office? If "Yes,"							V
art	All section 501(c)(3) organization 50 and 51	ns must answer que				e tables	for lin	es_
	Check if the organization used Sc	hedule O to respond	to any question in	this Part	VI			. <u> </u>
7	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electi				Yes	No
18	Is the organization a school as described						_	
19a	Did the organization make any transfers						-	v v
b	If "Yes," was the related organization a s	-	_				,	
50	Complete this table for the organization							
	employees) who each received more that	n \$100,000 of comper	nsation from the orga			e, enter "	None.'	,
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contributi benefit pla	alth benefits, ons to employee .ns, and deferred apensation	(e) Estima other co		
lone		-						
		-						
		_						
		-						
т								
51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe anization. If there is no	ensated independen one, enter "None."					e tha
51 (a)	Complete this table for the organization \$100,000 of compensation from the organization Name and address of each independent contractor p	's five highest compe anization. If there is no	ensated independen			Compensa		e tha
51 (a)	Complete this table for the organization \$100,000 of compensation from the organization Name and address of each independent contractor p	's five highest compe anization. If there is no	ensated independen one, enter "None."					e the
51	Complete this table for the organization \$100,000 of compensation from the organization Name and address of each independent contractor p	's five highest compe anization. If there is no	ensated independen one, enter "None."					e tha
51 (a)	Complete this table for the organization \$100,000 of compensation from the organization Name and address of each independent contractor p	's five highest compe anization. If there is no	ensated independen one, enter "None."					e the
51 (a)	Complete this table for the organization \$100,000 of compensation from the organization Name and address of each independent contractor p	's five highest compe anization. If there is no	ensated independen one, enter "None."					e tha
51 (a)	Complete this table for the organization \$100,000 of compensation from the organization Name and address of each independent contractor p	's five highest compe anization. If there is no	ensated independen one, enter "None."					e tha
51 (a) <u>Jone</u>	Complete this table for the organization \$100,000 of compensation from the organization Name and address of each independent contractor p	n's five highest compe anization. If there is no aid more than \$100,000	over \$100,000 .	rvice				e th:
51 (a) 00000 	Complete this table for the organization \$100,000 of compensation from the organization Name and address of each independent contractor p Total number of other independent contr Did the organization complete Schedule nonexempt charitable trusts must attach	anization. If there is no anization. If there is no aid more than \$100,000 actors each receiving A? Note : All section 5 a completed Schedul	over \$100,000 over \$100,000 over \$1.00,000	. ► s and 494	7(a)(1)	Compensa	tion	No
(a) lone d 52	Complete this table for the organization \$100,000 of compensation from the organization Name and address of each independent contractor p Total number of other independent contr Did the organization complete Schedule	anization. If there is no aid more than \$100,000 aid more than \$100,000 actors each receiving A? Note : All section 5 a completed Schedul return, including accompan	over \$100,000 over \$100,000 over \$100,000	. ► s and 494	7(a)(1)	Compensa	tion	No
(a) lone d 52	Complete this table for the organization \$100,000 of compensation from the organization Name and address of each independent contractor p Total number of other independent contractor Did the organization complete Schedule nonexempt charitable trusts must attach penalties of perjury, I declare that I have examined this prrect, and complete. Declaration of preparer (other that	anization. If there is no aid more than \$100,000 aid more than \$100,000 actors each receiving A? Note : All section 5 a completed Schedul return, including accompan	over \$100,000 over \$100,000 over \$100,000	. ► s and 494 hents, and to has any kno	(c)	Compensa	tion	No
(a) lone d 52 nder p ue, co	Complete this table for the organization \$100,000 of compensation from the organization Name and address of each independent contractor p Name and address of each independent contractor p Total number of other independent contractor Did the organization complete Schedule nonexempt charitable trusts must attach penalties of perjury, I declare that I have examined this prrect, and complete. Declaration of preparer (other that Signature of officer	anization. If there is no aid more than \$100,000 aid more than \$100,000 actors each receiving A? Note : All section 5 a completed Schedul return, including accompan an officer) is based on all info	over \$100,000 over \$100,000 over \$100,000	. ► s and 494 hents, and to has any kno	7(a)(1)	Compensa	tion	No
(a) lone d 52 ign	Complete this table for the organization \$100,000 of compensation from the organization Name and address of each independent contractor p Name and address of each independent contractor p Total number of other independent contractor Did the organization complete Schedule nonexempt charitable trusts must attach penalties of perjury, I declare that I have examined this prrect, and complete. Declaration of preparer (other that Signature of officer	anization. If there is no aid more than \$100,000 aid more than \$100,000 actors each receiving A? Note : All section 5 a completed Schedul return, including accompan an officer) is based on all info	over \$100,000 over \$100,000 over \$100,000	. ► s and 494 hents, and to has any kno	(c)	Compensa	tion	No
(a) Jone d 52 nder p ue, co Sign lere Paid	Complete this table for the organization \$100,000 of compensation from the organization Name and address of each independent contractor p Name and address of each independent contractor p Total number of other independent contr Did the organization complete Schedule nonexempt charitable trusts must attach benalties of perjury, I declare that I have examined this prect, and complete. Declaration of preparer (other the Signature of officer Cheryl Dailey, Chief Financial Off Type or print name and title	anization. If there is no aid more than \$100,000 aid more than \$100,000 actors each receiving A? Note : All section 5 a completed Schedul return, including accompan an officer) is based on all info	over \$100,000 over \$100,000 over \$100,000 over \$100,000	. ► s and 494 hents, and to has any kno	(c)) Compensa	tion	No

	Firm's address 🕨	Phone no.	
May the IRS	discuss this return with the preparer shown above? See instructions	 	. 🕨 🗌 Yes 🗌 No

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.

OMB No. 1545-0047 2012 Open to Public Inspection

	ment of the Treasury Revenue Service	► At	ttach to Form 990 or Fo	orm 990-E	Z. ► See :	separate i	instructio	ns.		Insp	ectio	n
Name	of the organization						E	Employer id	lentificatio	_	,	
NATI	ONAL JUVENILE C	OURT FOUNDAT	ION INC						36-61	42750		
Par	t Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this par	t.) See i	nstructio	ons.		
The c	organization is not	a private founda	ation because it is: (Fo	or lines 1	through 1	1, check	only one	box.)				
1	A church, con	vention of churc	hes, or association of	churches	s describe	ed in sec	tion 170(b)(1)(A)(i).			
2	A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3 4	A medical rese		spital service organiza on operated in conjunc e:						D(b)(1)(A)	(iii). Ente	r the	
5		rganization operated for the benefit of a college or university owned or operated by a governmental unit described in ion 170(b)(1)(A)(iv). (Complete Part II.)										
6 7	An organizatio	 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 										
8	A community t	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	art II.)						
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se	ions—sul lated bus	bject to d siness ta	certain ex xable inc	ceptions	, and (2) s sectio	no mor	e than 3	3 1/3%	of its
10	🗌 An organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)(4).			
11 e	purposes of o 509(a)(3). Che a ☑ Type I ☑ By checking the other than fou	be or more pub teck the box that b	nd operated exclusive blicly supported organ describes the type of a II c Type III that the organization ers and other than one	nizations supportir I–Functio is not co	describe ng organiz nally integ ntrolled d	d in sectization and grated lirectly or	ion 509(a d comple d □ 1 indirectly	i)(1) or se te lines 1 Fype III–N y by one	ection 50 1e throu Ion-func or more	9(a)(2). S gh 11h. tionally ir disqualif	See se ntegra ied pe	ted ersons
_	or section 509						_					
f	organization, c	check this box								be III su	oporti	ng . 🗌
g	Since August following perse		he organization accept	oted any	gift or co	ontributio	n from a	ny of the	•			
			ndirectly controls, eith								Yes	No
			ody of the supported of	-						51)	~
			on described in (i) abo							11g(i)	~
		-	a person described in							11g(ii)	~
h			ion about the support		. ,	1						
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	organizat (i) organi	s the ion in col. zed in the S.?	(vii) Amou si	int of mo upport	onetary
				Yes	No	Yes	No	Yes	No			
(A) _C	ATIONAL OUNCIL OF	36-2486896	501(c)(3)	~		r		~			11	1,808
(B)												
(C)												

(D)

(E)

Total

111,808

Sched	ule A (Form 990 or 990-EZ) 2012						Page 2
Par		e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	i)
Sect	ion A. Public Support				•	,	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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.						
	ion B. Total Support	()	<i>(</i>)	() 22/2	()) = = ((()	(0
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4						
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.)						

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		%
15	Public support percentage from 2011 Schedule A, Part II, line 14	15		%
16a	331/3% support test-2012. If the organization did not check the box on line 13, and line 14 is 331/			
	box and stop here. The organization qualifies as a publicly supported organization		🕨	
b	331/3% support test-2011. If the organization did not check a box on line 13 or 16a, and line	15 is	s 33 ¹ /3% or more,	
	check this box and stop here. The organization qualifies as a publicly supported organization .		🕨	
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16, 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box an Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies organization .	id sto as a p	p here. Explain in publicly supported	
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check th Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization supported organization	is bo	x and stop here.	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check	k this	box and see	
	instructions		🕨	

Schedule A (Form 990 or 990-EZ) 2012

12

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in) ► (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total I Gits, gaits, contributions, and the methodia for the constraints of the synchrift that is related to be services performed, or fiscilities translated in any activity that is related to be constraints of the synchrift that is related to be constraints of the services and the services for an animal work sector fish of the services and the sector fish of the constraints of the services is regularly constraints of the services is regularly constraints of the services is regularly constraints of the services of facilities furnished to be services or facilities furnished to be account of the services o	Secti	on A. Public Support						
Construction any activity that is related to be computed in any activity that is related to be computed in any activity that is related to be comparized in any activity that is related to be comparized in any activity that is related to be comparized in any activity that is related to be comparized in any activity that is related to be comparized in any activity that is related to be comparized in any activity that is related to be comparized in any activity that is related to be comparized in any activity that is related to be comparized in any activity that is related to be comparized in any activity that is related to be comparized in the balaff	Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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	20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see ins	tructions 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2012

Part IV	Supplemental Information. Complete this part to 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).						

(Form 990 or 990-EZ)	Supplemental information to Form 990 or 93	90-EZ	
	Complete to provide information for responses to specific question Form 990 or 990-EZ or to provide any additional information.	s on	2012
Department of the Treasury Internal Revenue Service	► Attach to Form 990 or 990-EZ.		Open to Public Inspection
Name of the organization		Employer identific	ation number
NATIONAL JUVENILE	COURT FOUNDATION INC	36	6142750
	ne 10 - Received grant to reimburse the National Council of Juvenile and Family	Court Judges for	r the salary of the
newly hired Developme	ent Director.		
Form 000 E7 Dort L Lit			
Form 990-EZ, Part I, Lir			
Form 990-EZ, Part I, Lir	e 20 - Unrealized gain on investment.		

Supplemental Information to Form 990 or 990-EZ

SCHEDULE O

OMB No. 1545-0047

Primary Exempt Purpose

Primary Exempt Purpose

To assist and benefit the National Council of Juvenile and Family Court Judges.

First Program Service Accomplishments Description

Description

children; (b) informing or assisting those who deal with or affect these courts; (c) educating persons connected with these courts and other interested members of the public in developments and principles relating to such courts; (d) engaging in educational and research activities in furtherance of the foregoing objectives. The NCJFCJ provided training and education to 9,799 judges and justice professionals through 95 conferences, training programs, meetings, and technical assistance or court observation site visits.