Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 www.irs.gov/form990.

A Fo	or the 20	014 cale	ndar year, or tax year beginning 10/01 , 2014, and ending 09	/30	, 20 15	
B Ch	eck if ap	plicable:	C Name of organization NATIONAL JUVENILE COURT FOUNDATION INC	D Employ	er identification nur	nber
☐ Ad	ldress ch	ange	Doing business as		36-6142750	
☐ Na	me chan	ae	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telepho	ne number	
	tial return	-	PO Box 8970		775-507-4777	
	al return/te	ı	City or town, state or province, country, and ZIP or foreign postal code			
	nended re		Reno, NV, 89507-8970	G Gross r	eceipts \$	235
						✓ No
	piloation				es included? Yes	_
	v ovomni				see instructions)	NO
	x-exemptebsite:		301(c)(c)			
						D.A.
Pari				W State	e of legal domicile:	PA
		Summ	•	CI II N		
		-	escribe the organization's mission or most significant activities: To assist and bene-	fit the Na	itional Council of	
Governance	<u>J</u>	uvenile a	and Family Court Judges.			
na J	=-					
Ş			is box ▶ ☐ if the organization discontinued its operations or disposed of more than		its net assets.	
			of voting members of the governing body (Part VI, line 1a)			3
න් ග			of independent voting members of the governing body (Part VI, line 1b)			0
Ë	5 To	otal num	nber of individuals employed in calendar year 2014 (Part V, line 2a)	5		0
Activities &	6 To	otal num	nber of volunteers (estimate if necessary)	6		8
₽	7a To	otal unre	elated business revenue from Part VIII, column (C), line 12	7a		0
	b No	et unrela	ated business taxable income from Form 990-T, line 34	7b		0
			Prior Ye	ear	Current Yea	ır
o l	8 C	ontribut	tions and grants (Part VIII, line 1h)	124,469		0
Ž	9 Pr	rogram	service revenue (Part VIII, line 2g)	0		0
Revenue 1			nt income (Part VIII, column (A), lines 3, 4, and 7d)	262		235
Ĕ 1			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0		0
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,731		235
$\overline{}$			nd similar amounts paid (Part IX, column (A), lines 1–3)	0		32,502
			paid to or for members (Part IX, column (A), line 4)	0		0
		-	other compensation, employee benefits (Part IX, column (A), lines 5–10)	0		0
O			onal fundraising fees (Part IX, column (A), line 11e)	0		0
ua ∣'				<u> </u>		0
ă∣₁				04 (50		F 007
'		-	penses (Part IX, column (A), lines 11a–11d, 11f–24e)	21,650		5,207
		-	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	21,650		37,709
-	19 R	evenue	less expenses. Subtract line 18 from line 12	103,081		-37,474
Net Assets or Fund Balances			Beginning of Cu		End of Yea	
Sala 3ala			ets (Part X, line 16)	119,642		83,982
			ilities (Part X, line 26)	706		5,213
			ts or fund balances. Subtract line 21 from line 20	118,936		78,769
Part	<u> </u>	Signat	ture Block			
			ry, I declare that I have examined this return, including accompanying schedules and statements, and to t		my knowledge and b	oelief, it is
true, c	correct, a	na compi	ete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	eage.		
		\				
Sign		Signa	ature of officer Da	te		
Here	• 1	Che	eryl Dailey, Chief Financial Officer			
		Туре	or print name and title			
Paid		Print/Typ	pe preparer's name Preparer's signature Date	Check	if PTIN	
	arer			self-em		
-		Firm's na	ame Firm	n's EIN ▶		
use	Only			ne no.		
May t	he IRS				Yes	☐ No

		response or note to any line in thi	3 I AI L III	
	Briefly describe the organization's miss	ion:		<u>. ப</u>
	To assist and benefit the National Counc		S.	
-				
-				
2	Did the organization undertake any sign	nificant program services during the	e year which were not listed on the	
	prior Form 990 or 990-EZ?			No
	If "Yes," describe these new services o	n Schedule O.		
	Did the organization cease conducting			
	services?		· · · · · · · · · · · · · · · · · · ·	No
	If "Yes," describe these changes on Sc			
			f its three largest program services, as measur port the amount of grants and allocations to o	
	the total expenses, and revenue, if any,			
4a ((Code:) (Expenses \$	32,502 including grants of \$	32,502) (Revenue \$0)	
_			ily Court Judges (NCJFCJ) in: (a) improving the	
_			families and children; (b) informing or assisting th	ose
_			ese courts and other interested members of the educational and research activities in furtherance	of
			9 judges and justice professionals through 95	
-	conferences, training programs, meeting			
-				
-				
-				
-				
-				
4b ((Code:) (Expenses \$	including grants of \$) (Revenue \$)	
-				
-				
-				
-				
-				
-				
-				
-				
4c ((Code:) (Expenses \$	including grants of \$) (Revenue \$	
,	(······································	
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-				
-				
-				
-				
-				
14	Other program consisce /Describe in Co	shodulo O)		
	Other program services (Describe in Sc (Expenses \$ 0 including)		nue \$ 0)	
i		9. G. 1. C C 1 4 U / (1 1 C V C I	·~~ +	

Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	complete Schedule A	1	~	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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? <i>If "Yes," complete Schedule C, Part II</i>	4		-
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		,
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		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		-
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		,
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		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		~
	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		~
	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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		~
	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</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		~
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i> .	11e	\(\tau \)	
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> Schedule D, Parts XI and XII	12a		~
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	•	
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		V
b		14b		~
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		,
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		-
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 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? If "Yes," complete Schedule G, Part III	19		,
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part	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	~	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	,	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		,
	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 to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		~
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		~
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		V
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		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		<i>v</i>
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		,
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		,
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? <i>If "Yes," complete Schedule R, Part I </i>	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	,	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
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-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		~
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		,
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	~	

	V Statements Begarding Other IDS Filings and Tax Compliance			Page :
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			_
	Check if Schedule O contains a response of note to any line in this Part V	• •	Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	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		~
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			
	account)?	4a		~
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			
_	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	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	60		1
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		-
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD.		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		V
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?	7с		~
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		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
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	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:	1		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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.			

b Enter the amount of reserves the organization is required to maintain by the states in which

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13b

13c

Form 990 (2014) Page **6**

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Nο 1a Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 0 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a ~ 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 1 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c ~ 13 13 ~ 14 1 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 1 15a 15b 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 16a / b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ 17 None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 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) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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 records: ▶ Cheryl D Dailey, (775)507-4794

Part VI

orm 990 (2014)	Page 7
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 no		d org	aniz	atic	n c	ompe	nsa	ated any currer	t officer, director	r, or trustee.
				(0	C)					
(A) Name and Title	(B) Average hours per	Position (do not check more than box, unless person is bot officer and a director/trus				is both	an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Patricia M Martin	0.25									
Director 2012-2015	0	~						0	0	0
Michael Nash	0.25									
Director 2013-2015	0	~						0	0	0
Barbara Salinitro	0.25									
Director 2013-2015	2	~						0	0	0
David Stucki	0.25									
Director 2015	3	~						0	0	0
John Romero	0.25									
Treasurer 2015-2016	3	~		~				0	0	0
Darlene Byrne	0.25									
President 2015-2016	5	~		~				0	0	0
Mari Kay Bickett	0.25									
Secretary	40	~		~				0	175,144	31,697
Anthony Capizzi	0.25									
Treasurer 2014-2015	3	<i>'</i>		~				0	0	0
	-									

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
						C)							
	(A)	(B)	(do n	ot ob		ition	than (200	(D)	(E)		((F)
	Name and title	Average	٠,				than on the stantage of the st		Reportable	Reportab	le	Esti	mated
		hours per					or/trust		compensation	compensation	from		unt of
		week (list any	오 코	5	Ō	<u>~</u>	욕 표	Τ̈	from	related	ne l		ther
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	nplo	Former	the organization	organizatio (W-2/1099-M			ensation n the
		organizations	dua	ltio	۳	ğ	st c	- 역	(W-2/1099-MISC)		,		nization
		below dotted	7 7	<u>a</u>		loy	Ö						related
		line)	uste	trus		Ж	pen					organ	izations
			Ф	tee			Highest compensated employee						
							ď						
1b	Sub-total				<u> </u>				0	175	5,144		31,697
	Total from continuation sheets to Part		 n A	•	•		•		0	17.	,144		31,077
C				•	•		•						
d							•		0		5,144		31,697
2	Total number of individuals (including but			ose	list	ted a	above	e) w	ho received mo	ore than \$10	00,000	of	
	reportable compensation from the organi	zation \triangleright 0											
													Yes No
3	Did the organization list any former of							emp	loyee, or high	est compe	nsated		
	employee on line 1a? If "Yes," complete s	Schedule J	for su	uch	indi	ividu	ıal					3	· ·
4	For any individual listed on line 1a, is the	sum of rea	nortal	hle (con	nner	nsatio	n a	nd other comp	ensation fr	om the		
-	organization and related organizations												
	individual	groater the	αιι ψ	.00,	-			Ο,	complete con		· cacii		v
_					Han			 	· · · · ·		 اندناماییما	4	
5	Did any person listed on line 1a receive of												
	for services rendered to the organization	ii res, c	отпрі	ele	SCI	ieat	ile J i	OI S	such person		• •	5	· /
Section	on B. Independent Contractors												
1	Complete this table for your five highest												
	compensation from the organization. Rep	ort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within 1	the org	anizatio	n's tax
	year.												
	(A)								(B)			(C)	
	Name and business add	ress							Description of s	ervices	(Compens	ation
None													
None													
2	Total number of independent contractor							th	ose listed abo	ove) who			
	received more than \$100,000 of compens	sation from	the o	rgar	niza	tion	>		0				

1 01111 000 (201	<i>'</i>
Part VIII	Statement of Revenue
	Check if Schedule O contains a response or note to any line in this Part VIII.

		Check if Schedule C	Contains a res	sponse or note to	any line in this			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns	s 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .						
عَ ق		Fundraising events .						
fts,	C	_						
ia ë	d	Related organizations						
JS,	е	Government grants (con	· · · · · · · · · · · · · · · · · · ·					
를 있	f	All other contributions, g						
후		and similar amounts not inc	luded above 1f					
E 0	g	Noncash contributions include	ded in lines 1a-1f: \$					
an Co	h	Total. Add lines 1a-1	f	•	0			
				Business Code				
Program Service Revenue	2a							
ě								
ė l	b							
ξ	С							
S	d							
a	е							
g	f	All other program services						
<u> </u>	g	Total. Add lines 2a-2	f	•	0			
	3	Investment income	(including divid	dends, interest,				
		and other similar amo			235	0	0	235
	4	Income from investmen			0	0	0	0
	5	Royalties	•		0	0	0	0
		rioyanies	(i) Real	(ii) Personal	U	U	U	U
	C -	Oue wente		.,				
	6a	Gross rents	(
	b	Less: rental expenses		0				
	С	Rental income or (loss)	(-				
	d	Net rental income or	· · · · · · · · · · · · · · · · · · ·		0	0	0	0
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		0				
	b	Less: cost or other basis						
		and sales expenses .		0				
	С	Gain or (loss)		0				
	d				0	0	0	0
nue	8a	Gross income from fu			0	0	0	0
Other Rever		events (not including \$ of contributions reported See Part IV, line 18	od on line 1c).	a 0				
the	b	Less: direct expenses						
0		Net income or (loss) f						^
	C			evento .	0		0	U
	эa	Gross income from gassee Part IV, line 19 .	aming activities.					
	_							
	b	Less: direct expenses						
	С	Net income or (loss) f		tivities	0	0	0	0
	10a	Gross sales of in	•					
		returns and allowance	es a	0				
	b	Less: cost of goods s	old k	0				
	С	Net income or (loss) f		entory ►	0	0	0	0
ŀ		Miscellaneous R		Business Code				
}	11a							
	b							
	C							
		All other revenue .						
	d			.				
	e	Total revenue See in			0	_	_	
	12	Total revenue. See in	เอเเนตเเดเร		235	0	0	235

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must com-

Do not include and Bb, 9b, and 10b o Grants and of and domestic Grants and individuals. Grants and organization individuals.	her assistance to domestic organizations governments. See Part IV, line 21	se or note to any lir (A) Total expenses 32,502	(B) Program service expenses 32,502	(C) Management and general expenses	(D) Fundraising expenses
9b, 9b, and 10b of Grants and of and domestic Grants and individuals. 3 Grants and organization individuals.	ther assistance to domestic organizations governments. See Part IV, line 21	32,502	expenses 32,502	Management and	Fundraising
 and domestic Grants and individuals. Grants and organization individuals. 	governments. See Part IV, line 21 d other assistance to domestic See Part IV, line 22 d other assistance to foreign s, foreign governments, and foreign See Part IV, lines 15 and 16 id to or for members	0	·		
2 Grants and individuals.3 Grants and organization individuals.	d other assistance to domestic See Part IV, line 22	0	·		
individuals. 3 Grants and organization individuals.	See Part IV, line 22		0		
organization individuals.	s, foreign governments, and foreign See Part IV, lines 15 and 16 id to or for members	0			
		•	0		
5 Compensa	tion of current officers, directors, and key employees	0	0	0	0
persons (as	on not included above, to disqualified defined under section 4958(f)(1)) and cribed in section 4958(c)(3)(B)	0	0	0	0
•	ies and wages	0	0	0	0
8 Pension plan	n accruals and contributions (include k) and 403(b) employer contributions)	0	0	0	0
9 Other empl	oyee benefits	0	0	0	0
	es [0	0	0	0
	rvices (non-employees):				
_	nt	0	0	0	0
•		0	0	0	0
_		0	0	0	0
	rundraising services. See Part IV, line 17	0	J	Ţ,	0
f Investment g Other. (If line 1	management fees	0	0	0	0
	line 11g expenses on Schedule O.)	0	0	0	0
_	and promotion	0	0	0	0
13 Office expe	<u> </u>	4,438	0	4,438	0
	technology	0	0	0	0
· ·	· · · · · · · · · · · · · · · · · · ·	0	0	0	0
, ,		769	0	769	0
18 Payments of	of travel or entertainment expenses eral, state, or local public officials	0	0	0	0
19 Conference	es, conventions, and meetings .	0	0	0	0
		0	0	0	0
•	o affiliates	0	0	0	0
•	n, depletion, and amortization .	0	0	0	0
Other exper above (List r line 24e amo (A) amount, l	nses. Itemize expenses not covered niscellaneous expenses in line 24e. If bunt exceeds 10% of line 25, column ist line 24e expenses on Schedule O.)	Ü	Ü	Ü	0
b					
С					
d					
e All other ex		0	0	0	0
Joint costs organization from a cor fundraising	anal expenses. Add lines 1 through 24e s. Complete this line only if the reported in column (B) joint costs an bined educational campaign and solicitation. Check here □ if P 98-2 (ASC 958-720)	37,709	32,502	5,207	0

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	65,992	1	77,041
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	43,317	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	0
Ş	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 organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	10,333	11	6,941
	12	Investments—other securities. See Part IV, line 11	0	12	0,741
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	119,642	16	83,982
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
jab		disqualified persons. Complete Part II of Schedule L	0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X	706		5,213
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	706	26	5,213
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	10,000	27	10,000
Bal	28	Temporarily restricted net assets	108,936	28	68,769
ρ	29	Permanently restricted net assets	0	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne.	33	Total net assets or fund balances	118,936	33	78,769
_	34	Total liabilities and net assets/fund balances	119,642	34	83,982

Form 990 (2014) Page **12**

Check if Schedule O contains a response or note to any line in this Part XI	Part	XI Reconciliation of Net Assets			-	
2 37,709 3 Revenue less expenses. Subtract line 2 from line 1 3 3 37,474 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .		Check if Schedule O contains a response or note to any line in this Part XI				
3 37,474 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . 4 118,936 5 Net unrealized gains (losses) on investments . 5 . 3,393 6 Donated services and use of facilities . 6 . 0 7 Investment expenses . 7 . 0 8 Prior period adjustments . 8 . 700 9 Other changes in net assets or fund balances (explain in Schedule O) . 9 . 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . 10 78,769 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	1	Total revenue (must equal Part VIII, column (A), line 12)				235
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	2	Total expenses (must equal Part IX, column (A), line 25)			3	7,709
So Net unrealized gains (losses) on investments 5 3,393 Contacted services and use of facilities 6 0 0 Net surprise or fund balances (explain in Schedule O) 9 0 Other changes in net assets or fund balances (explain in Schedule O) 9 0 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 78,769 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	3				-3	7,474
6 Donated services and use of facilities	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			11	8,936
7 Investment expenses	5	Net unrealized gains (losses) on investments			-	3,393
Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash 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? 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: Separate basis Consolidated basis Consolidated and separate basis Separate basis Consolidated basis Consolidated a	6	Donated services and use of facilities				0
9 Other changes in net assets or fund balances (explain in Schedule O)	7	Investment expenses				0
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8	Prior period adjustments				700
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII						0
Check if Schedule O contains a response or note to any line in this Part XII	10					
Check if Schedule O contains a response or note to any line in this Part XIII					7	8,769
Accounting method used to prepare the Form 990: Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	Part					
Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?			_		Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?	1		<u> </u>			
Were the organization's financial statements compiled or reviewed by an independent accountant?			in			
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: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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: 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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? b 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. 3b V	_					
reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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: 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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?	2a			2a		
Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?			or			
b Were the organization's financial statements audited by an independent accountant? 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: 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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?		•				
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: ☐ Separate basis		·				
separate basis, consolidated basis, or both: 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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?	b			2b	~	
□ Separate basis □ Consolidated basis □ Both consolidated and separate basis c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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?			ı a			
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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?						
of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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?	_		aht			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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?	C				.,	
Schedule O. 3a 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?				20	•	
3a 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?			"'			
the Single Audit Act and OMB Circular A-133?	32		in			
b 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.	Ja			32	/	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	h	<u> </u>		Ja		
	J			3b	/	
		, , , , , , , , , , , , , , , , , , ,			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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection **Employer identification number**

	IONAL JUVENILE COURT FOUNDATI					36-61	
Pai							ns.
The o	organization is not a private founda A church, convention of churcl A school described in section	nes, or associati	on of churches descri		-	,	
3 4	☐ A hospital or a cooperative hos ☐ A medical research organization hospital's name, city, and state	on operated in co					(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6 7	☐ A federal, state, or local govern☐ An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public
8	☐ A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)			
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	to its exempt nt income and fter June 30, 197	functions—subject to unrelated business 75. See section 509(a	certain taxable ii a)(2). (Cor	exception ncome (I mplete Pa	ns, and (2) no more ess section 511 ta art III.)	than 331/3% of its
10 11	 ☐ An organization organized and ☑ An organization organized and one or more publicly supported the box in lines 11a through 11a 	operated exclusi I organizations d	vely for the benefit of, escribed in section 5 0	to perfor 09(a)(1) o	m the fun r section	ctions of, or to carry 509(a)(2). See secti	i on 509(a)(3). Check
а	Type I. A supporting organiz the supported organization(s organization. You must com) the power to re	egularly appoint or ele	•		• • • •	
b	 Type II. A supporting organized control or management of the organization(s). You must control to the organization organization organization. 	e supporting org	anization vested in th				
С	 Type III functionally integra its supported organization(s) 						y integrated with,
d	Type III non-functionally integral that is not functionally integral requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distributi	on requirement and	
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f g	Provide the following information	about the supp	orted organization(s).				1
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	rganization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			, "	Yes	No		
(A) _F	ATIONAL COUNCIL OF JUVENILE AMILY COURT JUDGES	36-2486896	9	v		32,502	0
(B)							
(C)							
(D)							
(E)							
Tota						32.502	0

	(Complete only if you checked th				-	•	alify under
Socti	Part III. If the organization fails to on A. Public Support	quality unde	er the tests is	stea below, p	iease compie	ete Part III.)	
	dar 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.")	(a) 2010	(b) 2011	(6) 2012	(d) 2010	(6) 2014	(i) Total
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.						
	on B. Total Support				T		
_	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, 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 VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	F04()(0)
13	First five years. If the Form 990 is for the						
Sooti	organization, check this box and stop her on C. Computation of Public Suppor	t Porcontag					
14	Public support percentage for 2014 (line 6			1 column (f))		14	%
15	Public support percentage for 2014 (line of Public support percentage from 2013 Sch					15	
16a	331/3% support test—2014. If the organize box and stop here. The organization qual	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, c	
b	331/3% support test—2013. If the organicheck this box and stop here. The organic					e 15 is 33 ¹ / ₃ %	or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part VI how the organization meets the "fa organization	ets the "facts-	and-circumsta	nces" test, ch	eck this box ar	nd stop here. I	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part VI how the organization me supported organization	ion meets the eets the "fact	e "facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and st	op here.
18	Private foundation. If the organization did				a, or 17b, chec	k this box and	see

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

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.)

	in the organization rails to quality	under the te	SIS IISIEU DEN	ow, piease co	implete i ait	11.)	
	on A. Public Support		T	T			
	dar 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						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support			T	I	I	I
	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a							
	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						
	Add lines 10a and 10b						
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						
46	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
	and 12.)		 	al alabad 6 12	6:60	<u> </u>	- F04(-)(0)
14	First five years. If the Form 990 is for the	•					* / * /
Coot:	organization, check this box and stop he						
	on C. Computation of Public Suppor			10		45	0/
15	Public support percentage for 2014 (line 8						%
16 Secti	Public support percentage from 2013 School D. Computation of Investment Inc				<u> </u>	16	%
	<u> </u>			v lino 12 politi	mp (f))	17	0/
17 10	Investment income percentage for 2014 (Investment income percentage from 2013)			-		17	<u>%</u>
18	Investment income percentage from 2013 331/3% support tests—2014. If the organi						
19a	17 is not more than 33 ¹ / ₃ %, check this box						
L	33 ¹ /3% support tests—2013. If the organiz	_	_	-		_	
b	line 18 is not more than 33½%, check this b						
20	Private foundation. If the organization di	_	=				

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.)

S

	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	/ V	140
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		V
3a				
	(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 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		
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		~
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		
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 to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 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, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		-
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	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 benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," <i>provide detail in Part VI.</i>			
7		6		~
•	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If</i> "Yes," complete Part I of Schedule L (Form 990).	7		~
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		~
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		,
b		9b		,
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

organizations)? If "Yes," answer (b) below.

determine whether the organization had excess business holdings.)

9c

10a

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		~
b	A family member of a person described in (a) above?	11b		~
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		~
	on B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		V
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s) <i>:</i>
a b c	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s			,
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 	6		
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)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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-functionall instructions).	y-in	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions	,	,	Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(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			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
е	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u> _	Carryover from 2009 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

	Form 990 or 990-EZ) 2014 Pag	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; an Part III, line 12. Also complete this part for any additional information. (See instructions.)	d

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

NATIC	NAL JUVENILE COURT FOUNDATION INC		36-6142750
Par			ids or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and donor	<u> </u>	
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene conferring impermissible private benefit?		
Par			· · · · · · · · · · Yes · No
r ai	Complete if the organization answered	"Yes" to Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recrea		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	☐ Preservation of open space	_ Treesivation e	
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	nts	2b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a
	3		· · 2d
3	Number of conservation easements modified, tran	nsferred, released, extinguished, or terr	minated by the organization during the
	tax year ►		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reviolations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, i		
U	Starr and volunteer riodrs devoted to morntoning, i	inspecting, and emorcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspe	ecting and enforcing conservation ease	ements during the year
•	► \$	isting, and omercing concervation cast	smonte during the year
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
	· · · · · · · · · · · · · · · · · · ·		
9	In Part XIII, describe how the organization reports	conservation easements in its revenue	e and expense statement, and
	balance sheet, and include, if applicable, the text	of the footnote to the organization's fir	nancial statements that describes the
	organization's accounting for conservation easem		
Part		· · · · · · · · · · · · · · · · · · ·	Other Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other simila	•	· · · · · · · · · · · · · · · · · · ·
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other simila public service, provide the following amounts relati	•	ducation, or research in furtherance of
			L ¢
	(i) Revenue 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		r assets for financial gain, provide the
_	following amounts required to be reported under S		
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

Schedu	le D (Form 990) 2014				Page 2
Part					
3	Using the organization's acquisition, according to collection items (check all that apply):	ession, and other reco	rds, check any of th	ne following that are a	a significant use of its
а	☐ Public exhibition	d	☐ Loan or exchang	ge programs	
b	Scholarly research				
С	Preservation for future generations				
4	Provide a description of the organization' XIII.	s collections and expl	ain how they further	the organization's ex	empt purpose in Par
5	During the year, did the organization soli assets to be sold to raise funds rather tha				
Part					
- Cir	Complete if the organization and 990, Part X, line 21.		m 990, Part IV, line	e 9, or reported an a	amount on Form
1a	Is the organization an agent, trustee, cur	stodian or other intern	nediary for contribu	tions or other assets	not
	included on Form 990, Part X?				. 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part >	(III and complete the fo	ollowing table:		
	, ,	'	J		Amount
С	Beginning balance			1c	
d	Additions during the year			1d	
e	Distributions during the year			1e	
f	Ending balance			1f	
и 2а	Did the organization include an amount or				lity? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	If "Yes," explain the arrangement in Part X				•
	Endowment Funds.	iii. Oneck here ii the e	xpiariation rias been	provided in Fart Alli	· · · · <u> </u>
rai	Complete if the organization and	swered "Ves" to For	m 000 Part IV line	a 10	
			for year (c) Two year		ack (e) Four years back
10	<u> </u>	y current your (b) in	(c) Two you	(a) Three years b	don (b) i our youro buon
	Beginning of year balance				
b	Contributions				
С	losses				
d	Grants or scholarships				
е	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the control of	current year end baland	ce (line 1g, column (a	a)) held as:	<u>'</u>
а	Board designated or quasi-endowment	-	, 0,	"	
b		6			
C	Temporarily restricted endowment ▶	%			
	The percentages in lines 2a, 2b, and 2c sh				
3a	Are there endowment funds not in the poorganization by:		zation that are held	and administered for	the Yes No
	(i) unrelated organizations				. 3a(i)
	(ii) related organizations				. 3a(ii)
b	If "Yes" to 3a(ii), are the related organizati				. 3b
4	Describe in Part XIII the intended uses of	the organization's end			. 30
Part	, , , , , ,		000 D + " ' "	- 44 - O - E - CC	0 D-4V II 40
	Complete if the organization and				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2014	Page \$

Part VII	Investments - Other Securities	S.				
	Complete if the organization ans	swered "Yes" to For	m 990, Pa	art IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	ry	(b) Boo	k value	• •	nod of valuation: -of-year market value
(1) Financial	derivatives					
(2) Closely-h	eld equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G) (H)						
	a) must a gual Form 000 Part V and /P line 10					
Part VIII	n) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Relate	·				
Part VIII	Complete if the organization and		m 000 Pa	art IV line	11c See Form	000 Part Y line 13
	(a) Description of investment	swered res toron	(b) Boo			hod of valuation:
	(a) Description of investment		(3) 500	ok value		of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	o) must equal Form 990, Part X, col. (B) line 13.) 🕨					
Part IX	Other Assets.				_	
	Complete if the organization and		m 990, Pa	art IV, line	11d. See Form	
		(a) Description				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
<u>(7)</u> (8)						
(9)						
	mn (b) must equal Form 990, Part X, o	col. (B) line 15.)				
Part X	Other Liabilities.	, ,				
	Complete if the organization ans	swered "Yes" to For	m 990, Pa	art IV, line	11e or 11f. See	Form 990, Part X,
	line 25.		,	,		, ,
1.	(a) Description of liability	(b) Book value				
(1) Federal in	come taxes		0			
(2) Sch D, S	itmt 1					
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	a) must squal Form 000 Post V1 /D) Es- 051 >					
	b) must equal Form 990, Part X, col. (B) line 25.)	vide the toyt of the factor	5,213	raonization!	a financial state	nto that raparts the
	uncertain tax positions. In Part XIII, prov s liability for uncertain tax positions unde					
organization :	a madinity for differentially tax positions unde	, , , , , , , , , , , , , , , , , , ,		ING LOVE OF THE	, lootilote has bee	n provided in Part XIII

Schedule D (Form 990) 2014 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements . . . Amounts included on line 1 but not on Form 990. Part VIII, line 12: 2 Donated services and use of facilities h Recoveries of prior year grants 2e 3 3 Amounts included on Form 990. Part VIII. line 12, but not on line 1: Investment expenses not included on Form 990. Part VIII, line 7b . . . **4**a 4b Add lines 4a and 4b . . . 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: Prior year adjustments 2b 2c Add lines 2a through 2d 2e 3 3 Subtract line **2e** from line **1** Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b Add lines **4a** and **4b** Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.). 5 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 D, Part X, Line 2 - The Organization is a nonprofit organization exempt from federal income taxes on income other than net unrelated business income under Section 501(c)(3) of the Internal Revenue Code. No provision for federal or state income taxes is required for the year ended September 30, 2015, as the Organization had no taxable unrelated business income. The Organization follows the authoritative guidance4 relating to accounting for uncertainty in income taxes included in Accounting Standards Codification (ASC) Topic Income Taxes. These provisions provide consistent guidance for the accounting for uncertainty in income taxes recognized in an entity's consolidated financial statements and prescribe a threshold of "more likely than not" for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The Organization performed an evaluation of uncertain tax positions for the year ended September 30, 2015, and determined that there were no matters that would require recognition in the consolidated financial statements or that may have any effect on its tax-exempt status. As of September 30, 2015, the statute of limitations for tax years ended September 30, 2012 through September 30, 2014 remain open with the U.S. federal jurisdiction or the various states and local jurisdictions in which the Organization files tax returns. It is the Organization's policy to recognize interest and/or penalties related to uncertain tax positions, if any in

Schedule D, Part XIII, Statement 1

Form: Schedule D

Page: 3

Line Number: Part X

NATIONAL JUVENILE COURT FOUNDATION INC 36-6142750

Other Liabilities

Description	Amount
Reimbursement of expenses to the National Council of Juvenile and Family Court Judges	5,213
Total:	5 213

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

NATIONAL JUVENILE COURT FOUNDA	TION INC						36-6142750
Part I General Information of							
1 Does the organization maintain the selection criteria used to a			_	· · ·		r the grants or assistand	
2 Describe in Part IV the organization	ation's procedu	res for monitoring	the use of grant fu	inds in the United	States.		
Part II Grants and Other Ass Part IV, line 21, for any							vered "Yes" to Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sch I, Stmt 1							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 53 Enter total number of other org							

Schedule I (Form 990) (2014) Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) 3 5 6 Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Schedule I, Part I, Line 2 - The NJCF is a supporting organization of the National Council of Juvenile and Family Court Judges and passes through grant funding received for this purpose.

Schedule I, Part IV, Statement 1

NATIONAL JUVENILE COURT FOUNDATION INC

36-6142750

Page: 1

Line Number: Part II

Form: Schedule I

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst
Name and address	National Council of Juvenile and Family Court Judges	36-2486896	32,502	
	PO Box 8970			
	Reno, NV 89507-8970			
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Provide assistance to diversify funding sources.			

SCHEDULE J (Form 990)

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 2014

Open to Public Inspection

36-6142750

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL JUVENILE COURT FOUNDATION INC

Employer identification number

Part	Questions Regarding Compensation		_		
		_		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these				
	☐ First-class or charter travel ☐ Housing allowance or residence for personal formula of the control of the co	nal use			
	☐ Travel for companions ☐ Payments for business use of personal re	sidence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fee	s			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, or	chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regard or reimbursement or provision of all of the expenses described above? If "No," complete				
	explain		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses indirectors, trustees, and officers, including the CEO/Executive Director, regarding the items change.				
	1a?		2		
_					
3	Indicate which, if any, of the following the filing organization used to establish the compensation organization's CEO/Executive Director. Check all that apply. Do not check any boxes for method related organization to establish compensation of the CEO/Executive Director, but explain in Par	ds used by a			
	☐ Compensation committee ☐ Written employment contract				
	☐ Independent compensation consultant ☐ Compensation survey or study				
	✓ Form 990 of other organizations ✓ Approval by the board or compensation of	committee			
	Tom 330 of other organizations	Johnnittee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to th organization or a related organization:	e filing			
а			4a		~
b			4b		1
С			4c		~
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in	n Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue an	у			
	compensation contingent on the revenues of:				
а	The organization?		5a		~
b	Any related organization?	[5b		~
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue an	У			
	compensation contingent on the net earnings of:				
а		<u> </u>	6a		~
b	, ,		6b		~
	If "Yes" to line 6a or 6b, describe in Part III.				
_	E	<i>.</i> .			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide a		_		.,
_	payments not described in lines 5 and 6? If "Yes," describe in Part III		7		~
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that we				
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Ye	I			,
	in Part III		8		
0	If "Vee" to line 0 did the examination also falled the relativistic areas and	doorib i :-			
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure Regulations section 53 4958-6(c)?	described in			

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title			f W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred in prior Form 990
Mari Kay Bickett, Secretary	(i)	0	0	0	0	0	0	0
1	(ii)	175,144	0	0	12,211	19,486	19,486 206,841	
	(i)							
_ 2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
40	(ii)							
13	(i)							
44	(ii)							
14	(i)							
15	(ii)					 		
15	(i)							
16	(ii)							
16	(")							

Schedule J (Form 990) 2014

Scriedule J (Fo	Page 3
Part III	Supplemental Information
Provide th	e information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this par
for any add	ditional information.
Schedule J,	Part I, Line 3 - The National Juvenile Court Foundation has no employees (NJCF). The compensation for the National Council of Juvenile and Family Court Judges (NCJFCJ)
	Secretary is determined by the NCJFCJ President of the Board of Directors and is paid by the NCJFCJ. The President receives input on the amount of compensation from the
Executive C	Committee and Directors. The Executive Director/CEO determines compensation for the senior management positions within the organization based upon an established
compensati	on plan (the Executive Director/CEO is also covered under the compensation plan). Annually (every July at the annual conference), the Finance Committee reviews
comparabili	ity data for all senior management positions and makes a presentation of the comparability data to the full Board of Directors in executive session. The Board then discusses
the compara	ability data and makes a decision with a vote of the full Board of Directors as to the reasonableness of the organization's executive compensation. The deliberation is
contempora	neously substantiated in the written minutes of the meeting.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury

NATIONAL JUVENILE COURT FOUNDATION INC

OMB No. 1545-0047 2014

Open to Public Inspection

Internal Revenue Service

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

Employer identification number Name of the organization

36-6142750

Form 990, Part VI, Section A, Line 4 - Revised Bylaws to more clearly state the National Juvenile Court Foundation purpose and supporting designation, clarify Board role and responsibilities, revise the minimum number of directors to 3 and specify a maximum number of directors, revise ex-officio directors to NCJFCJ President, NCJFCJ Treasurer, and NCJFCJ CEO and associated changes in the Article related to Officers; and update meeting notice to include electronic methods.

Form 990, Part VI, Section A, Line 7a - A majority of the currently seated Directors of the Foundation Board shall have the power to appoint Directors to the Foundation Board, subject to the approval of the Board of the National Council of Juvenile and Family Court Judges, and to fill any vacancies occurring on the Foundation Board for an unexpired term. Appointed Directors shall serve for three year terms commencing in August of each year, and shall be eligible to succeed themselves. Ex Officio Directors shall serve in conjunction with their NCJFCJ term of office and include the NCJFCJ President, Treasurer and Chief Executive Officer. The Board shall have a minimum of three and a maximum of five Directors, including the three Ex Officio.

Form 990, Part VI, Section B, Line 11b - The Chief Financial Officer (CFO) of the National Council of Juvenile and Family Court Judges (NCJFCJ) prepares a timeline for preparation and review of the Form 990 subsequent to the issuance of the audited financial reports. Also at that time, the CFO makes a presentation to the Board that addresses any changes that may have occurred in reporting requirements since the last filing, if any. The Form 990 is prepared based on the audited financial statements. Typically due to timing, an extension of time to file is needed to ensure a complete and accurate return. The return is prepared by the CFO and forwarded to the independent accountants for review. The Form 990 is then sent electronically to all members of the Board of Directors for review and comment. Approximately a week is allotted for Board review prior to the filing of the return electronically.

Form 990, Part VI, Section B, Line 12c - Conflict of Interest Policy All NCJFCJ employees and Board members are required to complete a Conflict of Interest (COI) Training within 30 days of date of hire or joining the Board. Employees, officers, Board members, committee members and others are also responsible for reading the COI policy, signing the COI Policy Acknowledgment Form and Disclosure Form, and returning them as directed. These forms must be signed annually or as necessary. The purpose of the Conflict of Interest Policy is to protect the NCJFCJ's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer, staff member, committee member or director of the organization or might result in a possible excess benefit transaction. No Officer, Board of Directors member, committee member, director or employee of the NCJFCJ shall participate personally through decisions, approvals, disapprovals, recommendations, or other actions in any circumstance or particular matter involving the expenditure of grant or contract funds where, to his or her knowledge, he or she, his or her immediate family, business partners, or organizations other than the NCJFCJ in which he or she is serving as an officer, Director, partner, or employee, or any person or organization with whom the employee is negotiating or has any arrangement concerning prospective employment has an apparent or actual financial interest in the transaction. The CEO shall make the determination as to whether in any given situation recusal will be sufficient to mitigate the apparent or actual conflict of interest, or in the case of the CEO, such determinations will be made by the President of the NCJFCJ. In the case of an apparent or actual conflict of interest involving Officers, Directors, or committee members, such determinations will be made by the Audit Committee or NCJFCJ Conduct Committee, depending upon the nature of the conflict. In addition, in the use of grant or contract funds, interested persons should avoid even the appearance of: Using his or her position for private gain; Giving preferential treatment to any person; Losing complete independence or impartiality; Making decisions outside normal administrative procedures; or, Adversely affecting the confidence of the public in the integrity of the NCJFCJ and its programs. The Audit Committee shall address all reported concerns or complaints regarding corporate accounting practices, internal controls or auditing, and shall be immediately notified of any such complaint. All individuals within the organization, including Officers, Board of Directors members, directors, employees, and committee members will be required to sign a Conflict of Interest Policy Acknowledgment Form and Disclosure Form annually and as required through the year. It is prohibited for relatives to occupy positions in which one supervises the other or is in a position to exert direct influence on the appointment (including temporary), promotion, transfer, pay or discipline of the other. For purposes of this rule, "relative" includes: one's husband, wife, son, daughter, mother, father, brother, sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, aunt, uncle, niece, nephew, stepparent, or stepchild; an individual residing in the same household as the employee; or an individual sharing a committed, personal relationship with an employee. The COI Policy defines interested persons, financial interests, and other interests. The Policy outlines procedures regarding duty to disclose, addressing a conflict of interest and violations of the COI Policy. Records shall be kept of all deliberations of the appropriate authority. The Policy states what shall be covered in the Acknowledgment Form and mandates periodic reviews. Adherence to the COI is monitored by the CEO's Office, Chief Administrative Officer and Chief Financial Officer. Human Resources is responsible for providing each new employee with the Conflict of Interest policy and forms and a timeline for returning the Acknowledgment and Disclosure forms to the Executive Assistant. Annual dissemination of the policy and forms is conducted for staff at the beginning of the calendar year, and for Board and Committee members after committee appointments are made by the NCJFCJ President.

Schedule O (Form 990) 2014 Page 2

Supplemental Information (Continued)

either July or August of each year. Periodically throughout the year, reminders are given, asking that new Disclosure forms be submitted if there is anything new to report since the individual last completed a Disclosure form. Receipt of the Acknowledgment and Disclosure forms
are tracked by the Executive Assistant. Forms received by staff are then forwarded to Human Resources and maintained with personnel
records. Forms received from Board and Committee members are maintained in the CAO's office. Followup is done by staff, or referred to
the Executive Committee to ensure that each Board member or staff, and relevant Committee members, submit the Acknowledgment and
Disclosure forms annually, at a minimum. Each Disclosure form is reviewed for responses, relationships or any potential conflicts are
recorded on a master disclosure list, and potential conflicts are reviewed and acted upon according to procedures outlined in the COI Policy.
<u>- Olioj</u> .
Form 990, Part VI, Section B, Line 15 - The National Juvenile Court Foundation has no employees (NJCF). The compensation for the
National Council of Juvenile and Family Court Judges (NCJFCJ) CEO/NJCF Secretary is determined by the NCJFCJ President of the Board
of Directors and is paid by the NCJFCJ. The President receives input on the amount of compensation from the Executive Committee and
Directors. The Executive Director/CEO determines compensation for the senior management positions within the organization based upon an established compensation plan (the Executive Director/CEO is also covered under the compensation plan). Annually, the Finance
Committee reviews comparability data for all senior management positions and makes a presentation of the comparability data to the full
Board of Directors in executive session. The Board then discusses the comparability data and makes a decision with a vote of the full Board
of Directors as to the reasonableness of the organization's executive compensation. The deliberation is contemporaneously substantiated in
the written minutes of the meeting.
Form 990, Part VI, Section C, Line 19 - The organization's governing documents, conflict of interest policy, audited financial statements, and
Form 990s are available on the National Council of Juvenile and Family Court Judges' website and available on request (either
electronically or hard copy).

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2014

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

(6)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

NATIONAL JUVENILE COURT FOUNDATION INC

Employer identification number 36-6142750

(a) Name, address, and EIN (if applicable) of disregarded entity			(b) ary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cor entit	ntrolling
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations du	ations Col uring the ta	mplete if thax year.	e organization	answered "Yes" o	n Form 990, Pa	ırt IV, line 34 beca	use it ha	ıd
(a) Name, address, and EIN of related organization		(b) Primary activity Lega		(d) Exempt Code section	(e) Public charity sta (if section 501(c)	tus Direct controlling (3)) entity	Section con	(g) 512(b)(13) trolled tity?
							Yes	No
(1) See Schedule R, Part VII, Statement 1								
(2)								
(3)								
(4)								
(5)	-							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g)	(h Dispropo alloca	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	ox 20 managing K-1 partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets		
							Yes	No
<u>(1)</u>								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		~
b	Gift, grant, or capital contribution to related organization(s)	1b		~
С	Gift, grant, or capital contribution from related organization(s)	1c		~
d	Loans or loan guarantees to or for related organization(s)	1d		~
е	Loans or loan guarantees by related organization(s)	1e		V
f	Dividends from related organization(s)	1f		~
g	Sale of assets to related organization(s)	1g		V
h	Purchase of assets from related organization(s)	1h		~
i	Exchange of assets with related organization(s)	1i		~
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		~
,		.,		•
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		~
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		~
I				~
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
0	Sharing of paid employees with related organization(s)	10		~
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		~
r	Other transfer of cash or property to related organization(s)	1r		~
S	Other transfer of cash or property from related organization(s)	1s		~
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions for information on who must complete this line, including covered relationships and transactions are the instructions of the instructions of the instructions are the instructions of the instructions of the instructions are the instructions of the instruction of t	ction the	reshol	ds.
	(a) (b) (c)	(d)		
	Name of related organization Transaction Amount involved Method of determine	ning amou	ınt invol	ved
	type (a–s)			
(1)				
(2)				
(3)				
(-)				
(4)				
(-1)				
(5)				
(J)				
(e)				
(6)				

Schedule R (Form 990) 2014 Page 4

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Schedule R (Form 990) 2014 Page 5								
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	. 1.95						

Schedule R, Part VII, Statement 1

NATIONAL JUVENILE COURT FOUNDATION INC 36-6142750

Form: Schedule R

Page: 1

Line Number: Part II

Description of Identification of Related Tax-Exempt Organizations

Name and EIN National Council of Juvenile and Family Court Judges (36-2486896)

Address PO Box 8970

Reno, NV 89507

Primary activities Education, training, and technical assistance for judges and other juvenile justice professionals.

 $\begin{array}{lll} \textbf{State or foreign country} & \textbf{NV} \\ \textbf{Exempt code section} & 501(c)(3) \\ \textbf{Public charity status} & 170(b)(1)(A)(vi) \\ \end{array}$

Direct controlling entity N/A 512(b)(13) controlled organization? No