Form **990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending SEP 30, 2020 Open to Public Inspection

OMB No. 1545-0047

Α	For th	e 2019 calendar year, or tax year beginning $$ OCT 1 , $$ 2019 $$ and er	nding S	EP 30, 2020	
В	Check if applicab	C Name of organization NATIONAL COUNCIL OF JUVENILE		D Employer identifi	ication number
	Addre				
	Name chang			94-31096	63
	Initial return Final return	D O BOY 8970	Room/suite	E Telephone number (775) 50	
	termin			G Gross receipts \$	676,370.
	Amen	ded DENIO NTZ 90507		H(a) Is this a group r	
	Applie	F Name and address of principal officer: JOEY ORDUNA HASTINGS	S		s? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates i	
<u>T</u>	Tax-ex	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) or	527		a list. (see instructions)
		te: ► WWW.NCJFCJ.ORG		H(c) Group exemption	on number 🕨
	Form o	organization: X Corporation Trust Association Other ► Summary	L Year o	of formation: 1989	M State of legal domicile: NV
	1	Briefly describe the organization's mission or most significant activities: TO ASS	SIST	AND BENEFIT	тнг
Governance	'	NATIONAL COUNCIL OF JUVENILE AND FAMILY CO	URT J	UDGES.	
rns	2	Check this box	d of more	than 25% of its net as	· _
Ŏ	3			3	5
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0
Activities &	6	Total number of volunteers (estimate if necessary)		6	7
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
_	b	Net unrelated business taxable income from Form 990-T, line 39	·····		
		Contributions and monte (Port VIII line 1b)		Prior Year 0 •	Current Year 0 .
ne	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		104,572.	9,591.
Be	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		104,572.	
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		500,000.	92,716.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		26,785.	27,876.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		526,785.	
	19	Revenue less expenses. Subtract line 18 from line 12		-422,213.	-111,001.
20.0	g		Beg	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,337,522.	2,343,954.
Net Assets or	21	Total liabilities (Part X, line 26)		0.	93,518.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		2,337,522.	2,250,436.
	art II	Signature Block			
		Ilties of perjury, I declare that I have examined this return, including accompanying schedules at			y knowledge and belief, it is
true	, corre	tt, and complete. Declaration of preparer (other than officer) is based on all information of whicl I	in preparer	lias any knowledge.	
Sic		Signature of officer		I Date	
Sig He		TRUDY DULONG, DIRECTOR OF FINANCE			
110		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	AARON M. FOX	0	7/21/21 if self-emplo	p01365820
	parer	Firm's name MARCUM LLP			11-1986323
	only	Firm's address 1899 L STREET, NW, SUITE 850			
_		WASHINGTON, DC 20036		Phone no. (2	
Ма	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
9320	001 01-2	0-20 LHA For Paperwork Reduction Act Notice, see the separate instructions	s.		Form 990 (2019)

94-3109663

Part III Stateme	ent of Prograi	m Service	Accompli	shments		
Form 990 (2019)	AND	FAMILY	COURT	JUDGES	FUND	INC
	NA.I. I	LONAL CO	DONGIL	OF JUAN	RIVILLE	

	Objects (Control to Constants and control to any line in this Bod III
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ASSIST AND BENEFIT THE NATIONAL COUNCIL OF JUVENILE AND FAMILY
	COURT JUDGES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4-	00 816
4a	
	COUNCIL) IN: (A) IMPROVING THE STANDARDS, PRACTICES, AND EFFECTIVENESS
	OF COURTS EXERCISING JURISDICTION OVER FAMILIES AND CHILDREN; (B)
	INFORMING OR ASSISTING THOSE WHO DEAL WITH OR AFFECT THESE COURTS; (C)
	EDUCATING PERSONS CONNECTED WITH THESE COURTS AND OTHER INTERESTED
	MEMBERS OF THE PUBLIC IN DEVELOPMENTS AND PRINCIPLES RELATING TO SUCH
	COURTS; (D) ENGAGING IN EDUCATIONAL AND RESEARCH ACTIVITIES IN
	FURTHERANCE OF THE FOREGOING OBJECTIVES. THE COUNCIL PROVIDED TRAINING
	AND EDUCATION TO THOUSANDS OF JUDGES AND JUSTICE PROFESSIONALS THROUGH
	DELIVERY OF CONFERENCES, TRAINING PROGRAMS, MEETINGS, WEBINARS AND
	TECHNICAL ASSISTANCE OR COURT OBSERVATION SITE VISITS.
4b	(Code:) (Expenses \$) (Revenue \$)
	Thoracing grants of \$\frac{1}{2} 1.65 \tag{1.65 \ta
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 92,716.
	Form 990 (2019)

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NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES FUND INC.

Form 990 (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	ا م ا		х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	- 72	
••	as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	· · · · · · · · · · · · · · · · · · ·	11a		х
h	Part VI 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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV	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	15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
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		Х
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	

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NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES FUND INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ь—
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		Ь—
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			- v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		X
20	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required the transfer more than 25% of its net assets? If "Yes," complete	31		
32	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u> </u>
5 T	Part V, line 1	34	х	1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	L
Par	Tt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Form 990 (2019) AND FAMILY COURT JUDGES FUND INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	continued)				_				
_	5. H			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0							
	filed for the calendar year ending with or within the year covered by this return [2a]		Ol-						
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b						
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	·····	2-		х				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	''''' Г	3a 3b		<u> </u>				
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	·····- -	SD						
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x				
h	If "Yes," enter the name of the foreign country		та						
	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		х				
_	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5b 5c		Х				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	- 1	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	L	6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Bill								
b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	L	7с		X				
d	, , , , , , , , , , , , , , , , , , , ,								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X				
f	3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
g									
h									
8	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?								
9	Sponsoring organizations maintaining donor advised funds.		0-						
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	├	9a 9b						
10	Section 501(c)(7) organizations. Enter:	·····-	90						
а									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b	-							
11	Section 501(c)(12) organizations. Enter:								
	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								
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?	L	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 the								
organization is licensed to issue qualified health plans									
c Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	·····	14a 14b		X				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?		15		X				
40	If "Yes," see instructions and file Form 4720, Schedule N.		40		v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X				
	If "Yes," complete Form 4720, Schedule O.								

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Pai	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"	respon	se						
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.									
	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	5								
	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 on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b	4								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b	,	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	88	Х							
b	Each committee with authority to act on behalf of the governing body?	. 8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	. 9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10	а	X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	. 10	a X							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
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	. 12								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12								
13	Did the organization have a written whistleblower policy?	13								
14	Did the organization have a written document retention and destruction policy?	. 14	. X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official		а	X						
b	Other officers or key employees of the organization	15)	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16	а	X						
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 organization's									
800	exempt status with respect to such arrangements?	16	ו							
	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE	(0) -	A	-1-1-						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	s onl)	y) avaıla	abie						
	for public inspection. Indicate how you made these available. Check all that apply.									
40	X Own website Another's website X Upon request Other (explain on Schedule O)	d #:	no!-!							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	เาน Tina	ricial							
20	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 TRUDY DULONG - (775) 507-4777									

Form **990** (2019)

P.O. BOX 8970, RENO, NV 89507

<u> Page</u> **7**

Form 990 (2019) 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization i						nper	<u>ısate</u>					
(A)	(B)	(C) Position			1		(D)	(E)	(F)			
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated		
	hours per week					is botl or/trus		compensation from	compensation from related	amount of other		
	(list any	tor						the	organizations	compensation		
	hours for	direc				- -		organization	(W-2/1099-MISC)	from the		
	related	tee or	ıstee			nsate		(W-2/1099-MISC)	,	organization		
	organizations	Itrus	nal tri		oyee	om of				and related		
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) RAMONA A. GONZALEZ	line) 0 • 5 0	Ĕ	Ĕ	₩	-S	를 '등	굔					
PRESIDENT - UNTIL 07/2020	8.50	Х		х				0.	0.	0.		
(2) JUDGE DAN MICHAEL; PRESIDENT	0.25	-25				\vdash		•	•	•		
ELECT- UNTIL 07/2020, PRESIDENT	16.50	Х		х				0.	0.	0.		
(3) HIRAM PUIG-LUGO	0.25											
PRESIDENT ELECT	8.00	Х		х				0.	0.	0.		
(4) JOEY ORDUNA HASTINGS	0.50											
SECRETARY/TREASURER	40.50	Х		X				0.	179,240.	16,497.		
(5) DONALD GIMBEL	0.25							_	_	_		
TRUSTEE	8.25	Х						0.	0.	0.		
(6) EGAN WALKER	0.25	ļ										
TRUSTEE		Х						0.	0.	0.		
(7) TRUDY DULONG	0.50	-		.,					114 110	22 264		
DIRECTOR OF FINANCE	40.25			Х		<u> </u>		0.	114,112.	22,364.		
		1										
		1										
						\vdash						
		1										
		1										
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		-										
			\vdash			\vdash						
		1										
			\vdash		\vdash	\vdash						
		1										
	-	-	I	ı	1	1		I	I			

Form 990 (2019)

	T VII Section A. Officers, Directors, Trus (A)	(B)	y	<i></i> ,		2 1 11) C)	g. 100		(D)	(E)			(F)	
	Name and title	Average hours per	verage Position						Reportable compensation	Reportable compensation	- 1		רי) stimate nount	
		week		cer ar	nd a d	irecto	or/trus	tee)	from	from related			other	
		(list any hours for	directo						the organization	organization (W-2/1099-MIS			pensa om th	
		related	tee or o	ustee			ensatec		(W-2/1099-MISC)	(VV 2/ 1000 WIIC)		anizat	
		organizations below	ıal trus	onal tr		oloyee	d com b						d relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
			•											
									0	202 21	- 1	2	0 0	<u>C 1</u>
	Subtotal Total from continuation sheets to Part VI								0.	293,3	0.		8,8	0.
	Total (add lines 1b and 1c)								0.	293,3	_	3	8,8	
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable	€		-	0
	· · · · · · · · · · · · · · · · · · ·												Yes	No
3	Did the organization list any former officer			•	•	•		•		•		2		X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		
•	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a	accrue comper	ısati	on fi	rom	any	unre	elate	ed organization or individ					
Sec	rendered to the organization? If "Yes." contion B. Independent Contractors	nplete Schedule	∋ <i>J f</i>	or su	ıch ı	<u>oers</u>	on .					5		X
1	Complete this table for your five highest co										oensati	ion fro	om	
	(A)					iui	JI VVI		(B)			(0		
	Name and business	address	N	ONI	<u> </u>			+	Description of s	ervices		ompe	nsatio	<u>n</u>
								+						
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot lir	nited	d to	thos (ted	above) who received mo	ore than				
		•										Form	990 (2019)

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Form 990 (2019)

Form 990 (2019)

Part VIII Statement of Revenue

		Check if Schedule O contains a	response (or note to any lin	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
S S	1 2	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
جَ وَ		Fundraising events	1c					
Ħŝ,		Related organizations	1d					
ig ig			1e					
Sir		Government grants (contributions)	ie					
utio er	T	All other contributions, gifts, grants, and						
ē		similar amounts not included above	1f					
	_	Noncash contributions included in lines 1a-1f	1g \$					
O a	n	Total. Add lines 1a-1f		Business Code				
	_			Business Code				
<u>e</u>	2 a							
er v	b							
n S	С							
e S	d							
Program Service Revenue	е							
Δ.		All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including divider						
		other similar amounts)			57,550.			57,550.
	4	Income from investment of tax-exem	pt bond p	roceeds				
	5	Royalties						
		(i)	Real	(ii) Personal				
	6 a	Gross rents6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of (i) So	ecurities	(ii) Other				
		assets other than inventory 7a 618	,820.					
	b	Less: cost or other basis						
ē		and sales expenses 7b 666	,779.					
len	С	Gain or (loss) 7c -47	,959.					
her Revenue		Net gain or (loss)			-47,959.			-47,959.
ē		Gross income from fundraising events (n						
₽		including \$	of					
		contributions reported on line 1c). Se	ee					
		Part IV, line 18	8a					
	b	Less: direct expenses						
		Net income or (loss) from fundraising						
		Gross income from gaming activities		,				
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gaming act		>				
1		Gross sales of inventory, less returns		,				
		and allowances	I .					
	h	Less: cost of goods sold						
		Net income or (loss) from sales of inv						
\neg		3. (1995) San Gardo Of Hill		Business Code				
Snc 1	l1 a							
Miscellaneous Revenue	b							
ella	c							
Sc		All other revenue						
Σ		Total. Add lines 11a-11d		>				
	12	Total revenue. See instructions			9,591.	0.	0.	9,591.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Total expenses Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 92,716. 92,716. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 27,620. 27,620. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 256. 256. Advertising and promotion 12 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) All other expenses 120,592. 92,716. 27,876. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year 1 Cash - non-interest-bearing 74,402. 75,026. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 2,241,403. 2,243,672. 11 11 Investments - publicly traded securities 21,717. 25,256. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 2,337,522. 2,343,954. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 93,518. of Schedule D 0. 93,518. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 95,941. 74,401. 27 27 Net assets without donor restrictions Net assets with donor restrictions 2,263,121. 2,154,495. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 2,337,522. 2,250,436. Total net assets or fund balances 32 32 2,337,522. 2,343,954. 33 Total liabilities and net assets/fund balances

Form **990** (2019)



Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	0,5	92 .
3	Revenue less expenses. Subtract line 2 from line 1	3	-11	1,0	01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,33	7,5	22.
5	Net unrealized gains (losses) on investments	5	2	3,9	15.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,25	0,4	36.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Nam	ne of the organization NATIONAL COUNCIL OF JUVENILE Employer identification number												
_		AND	FAMILY COU	RT JUDGES FUI	ND INC			9	4-3109663				
	rt I	Reason for Public (e instructions	S					
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)							
1	Щ	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2	Ш	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990 or 99	90-EZ).)							
3	Ш	A hospital or a cooperative					-						
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6	Ш	A federal, state, or local government	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7		An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental i	unit or from th	ne general p	oublic described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8	Щ	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)								
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or				
		university:											
10		An organization that norma											
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	n 33 1/3% of it	ts support f	rom gross investment				
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acquii	red by the org	janization a	fter June 30, 1975.				
		See section 509(a)(2). (Co	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50)9(a)(4).						
12	X	An organization organized a	· ·	- ·	-			•	•				
		more publicly supported or	-						Check the box in				
	\ \\	lines 12a through 12d that	* *					-					
а	X	_ ,,	· · · · · · · · · · · · · · · · · · ·		•	-							
		the supported organization		• • • •	majority o	of the direc	tors or truste	es of the su	pporting				
		organization. You must o	-										
b			•				-		-				
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	ported				
	_	organization(s). You mus											
С			-					ly integrate	d with,				
	_	its supported organization											
d			= ::					-	* *				
		that is not functionally int	-		•		-	an attentiv	reness				
	_	requirement (see instructi	,	•	•								
е							Type I, Type	II, Type III					
		functionally integrated, or	, .	nally integrated supporting	ng organiz	ation.			1				
		er the number of supported o	•						1				
g		vide the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	f monetary	(vi) Amount of other				
		organization	(II) LIIV	(described on lines 1-10 above (see instructions))	in your governi Yes	ng document? No	support (see ir	,	support (see instructions)				
		NAL COUNCIL OF											
יטע	VEN	ILE FAMILY COU	36-2486896	7	X		92	2,716.					

92,716.

2019.06000 NATIONAL COUNCIL OF SUVEN NCJFCJI1

94-3109663 Page 2

Schedule A (Form 990 or 990-EZ) 2019 AND FAMILY COURT JUDGES FUND INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		T	_	_	_	
Cale	ndar year (or fiscal year beginning in) ► 📙	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
0	organization, check this box and stop	here					>
	ction C. Computation of Public		_				
	Public support percentage for 2019 (lin					14	<u>%</u>
	Public support percentage from 2018 S					15	<u>%</u>
16a	33 1/3% support test - 2019. If the or	· ·		,		,	
	stop here. The organization qualifies a						
b	33 1/3% support test - 2018. If the or						
	and stop here. The organization qualif						
17a	10% -facts-and-circumstances test -	_					
	and if the organization meets the "facts				· · · · · · · · · · · · · · · · · · ·	-	
	meets the "facts-and-circumstances" to						
b	10% -facts-and-circumstances test -	ū				•	
	more, and if the organization meets the		•				,
	organization meets the "facts-and-circu		ŭ	•	,		>
18	Private foundation. If the organization	ald not check a	box on line 13, 16	a, 16b, 17a, or 17l		nd see instructions	



Schedule A (Form 990 or 990-EZ) 2019 AND FAMILY COURT JUDGES FUND INC.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	now, picase comp	olete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	.,					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
		(a) 2013	(6) 2010	(6) 2017	(4) 2010	(6) 2019	(i) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Public					 	
	Public support percentage for 2019 (li	, (,,	,	column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					т т	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box an	-	-	•			
b	33 1/3% support tests - 2018. If the	•				•	. \square
00	line 18 is not more than 33 1/3%, chec		-	•		-	
Z U	Private foundation. If the organization	u dia not check a	DOX OR IDE 14 19	a or igo check fr	us nox and see ins	SITUCTIONS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below.
- 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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- c 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.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	Х	
2		Х
3a		X
3b		
3c		
_		37
4a		X
4b		
4c		
5a		Х
5b		
5c		
6		X
7		Х
8		Х
0		
9a		Х
9b		Х
90		Х
9c		25
10a		Х
990 or 90		
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11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of an supported organization? b A family member of a person described in (s) above? c A 39% controlled entity of a person described in (s) above? A 39% controlled entity of a person described in (s) above? 1 Did the directors, brustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations of the organizations are disconsistent or trustees at all times during the tax year? If 'No,' rescribe in Part VI how the supported organizations or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions if any, applied to approximation, the tax year. 2 Did the organization operate for the benefit carried out the purposes of the supported organization of the trust in the supported organization of the trust in the supported organization of the supported organization of the trust in the supported organization of the controlled or managed or any supported organization of the supported organization of the support provide to each of the organization was vested in the same persons that controlled or managed the support to organization or tax year. (I) a complete that year is a possible or a possible organization or supported organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization was provided to each of its supported organizations by the last day of the fifth month of the organization was provided to each of its supported organizations and organizations and expl	Pai	Supporting Organizations (continued)			
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trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	a		32		
	h		Ju		
			3b		

Schedule A (Form 990 or 990-EZ) 2019 AND FAMILY COURT JUDGES FUND INC. 94-3109663 Page 6

Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in F	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion 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)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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		
е	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		
Sect	ion 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-functional	ly integra	ted Type III supporting orga	ınization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019 AND FAMILY COURT JUDGES FUND INC. 94-3109663 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions		,	Current Year					
1	Amounts paid to supported organizations to accomplish exer	mpt purposes							
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	5						
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 the organization is responsive								
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
		(i)	(ii)	(iii)					
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019					
1	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019 (reason-								
	able cause required- explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2019								
<u>a</u>	From 2014								
<u>b</u>	From 2015								
c	From 2016								
d	From 2017								
e	From 2018								
f	Total of lines 3a through e								
<u>g</u>	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2019 distributable amount								
<u>_i</u>	Carryover from 2014 not applied (see instructions)								
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2019 from Section D,								
	line 7: \$								
<u>a</u>	Applied to underdistributions of prior years								
b	Applied to 2019 distributable amount								
c	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2019, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2019. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2020. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
<u>a</u>	Excess from 2015								
<u>b</u>	Excess from 2016								
c	Excess from 2017								
<u>d</u>	Excess from 2018								
_	Excess from 2010								

NATIONAL COUNCIL OF JUVENILE

Schedule A	(Form 990 or 990-								94-3109663	Page 8
Part VI	Part IV, Section I	A, lines 1, ection D, l	2, 3b, 3d ines 2 an	c, 4b, 4c, 5a, d 3; Part IV, 5	6, 9a, 9b, 9c Section E, lin	, 11a, 11b, an es 1c, 2a, 2b,	ld 11c; Par , 3a, and 3l	t IV, Section B, lines [.] b; Part V, line 1; Part	r 17b; Part III, line 12; 1 and 2; Part IV, Section V, Section B, line 1e; Pal	C, rt V,
	Section D, lines ((See instructions	5, 6, and 8 .)	B; and Pa	rt V, Section	E, lines 2, 5,	and 6. Also c	omplete th	is part for any addition	onal information.	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES FUND INC.

Employer identification number 94-3109663

Par	t I Organizations Maintaining Donor Advised	d Funds or Other	Sir	nilar Funds or	Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.				
		(a) Donor advi	ised	funds	(b) Fur	nds 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					
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets	held	in donor advised	funds	
	are the organization's property, subject to the organization's e					Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that	gran	t funds can be use	d only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for	any	other purpose con	ferring	
Б.	impermissible private benefit?					
Par				on Form 990, Part	IV, line 7	
1	Purpose(s) of conservation easements held by the organization	_				
	Preservation of land for public use (for example, recreat	tion or education)			-	important land area
	Protection of natural habitat	L		Preservation of a c	ertified hi	storic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualification	ied conservation contr	ributi	ion in the form of a	conserva	
	day of the tax year.				_	Held at the End of the Tax Year
а	Total number of conservation easements					
b						
С	Number of conservation easements on a certified historic stru				2c	
d	Number of conservation easements included in (c) acquired a					
_	listed in the National Register				<u>2d</u>	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, c	or ter	minated by the orc	ganization	during the tax
_	year >					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
•	violations, and enforcement of the conservation easements it					Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations,	anu	emorcing conserv	ation ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations and	onfo	raina aanaan/atian		to during the year
7	S	iirig or violations, and	enio	reing conservation	easemen	its during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requireme	onto	of section 170/b)//	\/D\/i\	
Ü						Yes No
9	and section 170(h)(4)(B)(ii)?					
3	balance sheet, and include, if applicable, the text of the footn					
	organization's accounting for conservation easements.	ote to the organization	11311	nanciai statements	inal desi	STIDES THE
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	reas	sures, or Othe	r Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		•		
1a	If the organization elected, as permitted under FASB ASC 95		even	ue statement and	balance s	heet works
	of art, historical treasures, or other similar assets held for pub	•				
	service, provide in Part XIII the text of the footnote to its finan	,	-			•
b	If the organization elected, as permitted under FASB ASC 956				nce sheet	t works of
	art, historical treasures, or other similar assets held for public	•				
	provide the following amounts relating to these items:	,	,		·	,
	(i) Revenue included on Form 990, Part VIII, line 1				•	\$
						\$
2	If the organization received or held works of art, historical trea				in, provid	 e
	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1				▶	\$
	Assets included in Form 990, Part X					\$

2019.06000 NATIONAL COUNCIL OF JOVEN NCJFCJI1

Schedule D (Form 990) 2019

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	r Sim	ilar Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significa	nt use of its	•	,	
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research e Other								
С	c Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								
_	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" or	n Form	990, Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia		,				_		_
	on Form 990, Part X? Yes No								
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
					<u> </u>		Amount		
	Beginning balance					C			
	Additions during the year					d			
_	Distributions during the year					e			
Ť	Ending balance					f	7.,		٦
	Did the organization include an amount on Fo				•		Yes	\vdash	∐ No
Pai	If "Yes," explain the arrangement in Part XIII. To V Endowment Funds. Complete it								
. u	Endownient i dido: Complete i	(a) Current year		(c) Two years back		oo yoare back	(e) Four	woord	
10	Reginning of year halance		(b) Prior year 2, 075, 341			ee years back 2 455 198	· ,		
_	Beginning of year balance 2,241,403. 2,075,341. 2,474,207. 2,455,198. 2,249,220.								
	b Contributions 5,808. 166,062. 101,134. 132,620. 205,								,978.
	· · · · · · · · · · · · · · · · · · ·							200,	,,,,,,,
	Grants or scholarships Other expenditures for facilities								
C									
f	Administrative expenses	92,716.		500,000.		113,611.			
, g	End of year balance	2,154,495.	2,241,403.	,		2,474,207.	2	455	,198.
2	Provide the estimated percentage of the curr		· · ·			, , -	·		
	Board designated or quasi-endowment	one your one balance	%) 1101d do.					
b	Permanent endowment 27.85	%							
•	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	tion that are held ar	nd administered for t	he orga	nization			
	by:	3			3		ſ	Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organizar	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10				
	Description of property	(a) Cost or of basis (investm	, , , , , ,	', '	Accumu epreciat		(d) Bool	k valu	ie
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
<u>Tota</u>	l. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part)	K. column (B), line 1	Oc.)		▶			0.

Schedule D (Form 990) 2019

(a) Description of equirity or estagony " · "		11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
• •			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)	, , , , , , , , , , , , , , , , , , ,		()
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)	>	
(2) (3) (4) (5) (6) (7) (8) (9)	e 15.)	>	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED ENTITIES			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED ENTITIES (3)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED ENTITIES (3) (4)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED ENTITIES (3) (4) (5)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED ENTITIES (3) (4) (5) (6)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED ENTITIES (3) (4) (5) (6) (7)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED ENTITIES (3) (4) (5) (6) (7) (8)			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) DUE TO RELATED ENTITIES (3) (4) (5) (6) (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	

Schedule D (Form 990) 2019

94-3109663 Page 4 AND FAMILY COURT JUDGES FUND INC.

Pai	rt XI Reconciliation of Revenue per Audited Financial State	ments With Revenue p	er Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а				
b				
С.				
d		•		
e 2	J			
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
ъ		4a		
b				
С			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	, , ,			
С.		I I		
d	,		0.	
e 2				
3 4	Subtract line 2e from line 1		3	
+ a	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		
b				
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV, lines 1b and 2b; Part \	/, line 4; Part X, line 2; Part X	Ί,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any $$	additional information.		
- -	DW 17 T TATE A			
PAI	RT V, LINE 4:			
тит	E ENDOWMENT CONSISTS OF PERMANENTLY RESTR	ארכיידה בוואהכ ייש:	νω μέρε	
1111	B BROWNING CONDIDIO OF FERRMANIES REDII	CICIDD TONDD III	AT MUKD	
COI	NTRIBUTED BY TWO PRIVATE FOUNDATIONS LOCA	TED IN PITTSBU	RGH. PA. THE	
EAI	RNINGS ON THESE FUNDS ARE TEMPORARILY RES	STRICTED TO BEN	EFIT AND SUPPOR	ΥT
THI	E NATIONAL COUNCIL OF JUVENILE AND FAMILY	COURT JUDGES	IN IMPLEMENTING	3
RES	SEARCH FINDINGS AND DEVELOPING NEW TOOLS	WHICH WILL ASS	IST JUDGES AND	
~	TO THE COLUMN THE MEDIC OF CUIT DRIVE AND THE	WILLIAM AND DND	OLIMBAR GREATERIA	
COL	URTS SERVING THE NEEDS OF CHILDREN AND FA	MILIES. AN END	DWMENT SPENDING	j
ד∩ם	LICY HAS BEEN ADOPTED IN ORDER TO HELP PR	PECEDIJE NNID CDOI	ฆ ๛ฅ๕ ๕ฬบ∪ฑ๛๙ฃ	п
<u> </u>	DICT HAS BEEN ADOPTED IN ORDER TO HELP PR	CESERVE AND GRO	W ILE ENDOMMENT	•
PAI	RT X, LINE 2:			
THI	E FUND PERFORMED AN EVALUATION OF UNCERTA	LINTY IN INCOME	TAXES FOR THE	
				_
YE	AR ENDED SEPTEMBER 30, 2020, AND DETERMIN	NED THAT THERE N	WERE NO MATTERS	3

932054 10-02-19

Schedule D (Form 990) 2019

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

NATIONAL COUNCIL OF THE STATE OF THE S

2019

OMB No. 1545-0047

Open to Public Inspection

Does the organization maintain records to substantialist the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection orders used to award the grants or assistance? Doesobe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Depart III Grants and Other Assistance to Domestic Organization and Domestic Governments. Complete if the organization answered "Yes" on Form 1990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1(a) Name and address of organization of grants and other Assistance to Domestic Organization and Control or government (if applicable) (g) Film (c)	Name of the organization NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES FUND INC.							
criteria used to award the grants or assistance? 2 Describe in Part IV the organization and Control of the Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or organization or organization (b) EIN (c) IRC section (ff applicable) (d) Amount of non-cash assistance or organization or organization or organization or organization or organization (ff applicable) (d) Amount of non-cash assistance organization or organization or organization or organization (ff applicable) (d) Amount of non-cash assistance organization or organization or organization or organization or organization (ff applicable) (d) Amount of non-cash assistance organization or organization or organization or organization or organization or organization (ff applicable) (d) Amount of non-cash assistance organization or organization (ff) Durpose of grant organization (ff) Open	Part I General Information on Grants a	and Assistance						
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of cash grant (d) Amount of cash grant (e) Amount of non-cash (f) Amount of non-cas	criteria used to award the grants or assi	stance?						
1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of cash grant (cash grant) (cash gra	Part II Grants and Other Assistance to	Domestic Organia	zations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
Cash grant Cas	recipient that received more than	\$5,000. Part II can	be duplicated if additi	onal space is need	ed.	(0.14-1115		
### PAMILY COURT JUDGES - P.O. BOX 8970 - RENO, NV 89507 36-2486896 501(C)(3) 92,716. 0. GENERAL SUPPORT ###################################		(b) EIN			non-cash	valuation (book, FMV, appraisal,		
### PAMILY COURT JUDGES - P.O. BOX 8970 - RENO, NV 89507 36-2486896 501(C)(3) 92,716. 0. GENERAL SUPPORT ###################################								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		36-2486896	501(C)(3)	92 716.	0.			GENERAL SUPPORT
0.5	2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in the	e line 1 table				1.
								> 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	lditional information.	
PART I, LINE 2:					
THE SOLE GRANT ISSUED BY THE FUND	WAS TO NA	TIONAL COU	JNCIL OF JU	VENILE AND	
FAMILY COURT JUDGES, A CONTROLLING	ORGANIZA	TION UNDER	R SECTION 5	12(B)(13).	
THEREFORE, ANY GRANT MONITORING PR					

SCHEDULE J (Form 990)

Department of the Treasury

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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES FUND INC. Employer identification number 94-3109663

	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х Х Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		_X_
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_ <u>X</u> _
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			77
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	l	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019



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 on 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 aren't 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		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denemis	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JOEY ORDUNA HASTINGS	(i)	0.	0.	0.	0.	0.	0.	0.
SECRETARY/TREASURER	(ii)	178,524.	0.	716.	7,255.	9,242.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
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	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(II)							

Schedule J (Form 990) 2019



Schedule J (Form 990) 2019



SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES FUND INC.

Employer identification number 94-3109663

FORM 990, PART VI, SECTION B, LINE 11B:

IN CONJUNCTION WITH THE INDEPENDENT ACCOUNTANTS, THE FINANCE DIRECTOR PREPARES A TIMELINE FOR THE PREPARATION AND REVIEW OF THE FEDERAL FORM 990 SUBSEQUENT TO THE ISSUANCE OF THE AUDITED FINANCIAL REPORTS. THE FEDERAL FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTANTS AND IS BASED ON THE AUDITED FINANCIAL STATEMENTS AND OTHER DATA. TYPICALLY, DUE TO TIMING, EXTENSION OF TIME TO FILE IS NEEDED TO ENSURE A COMPLETE AND ACCURATE ONCE PREPARED, THE FEDERAL FORM 990 IS REVIEWED BY THE FINANCE DIRECTOR. THE RETURN IS THEN PRESENTED AT THE NEXT SCHEDULED BOARD OF DIRECTORS MEETING TO DISCUSS CHANGES THAT MAY HAVE OCCURRED IN REPORTING REQUIREMENTS SINCE THE LAST FILING, IF ANY.

FORM 990, PART VI, SECTION B, LINE 12C:

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

ALL COUNCIL EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT INTEREST (COI) TRAINING WITHIN 30 DAYS OF DATE OF HIRE OR JOINING THE OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS AND OTHERS ARE BOARD. EMPLOYEES, ALSO RESPONSIBLE FOR READING THE COI POLICY, SIGNING THE COI POLICY AND RETURNING THEM AS DIRECTED. ACKNOWLEDGMENT FORM AND DISCLOSURE FORM, THESE FORMS MUST BE SIGNED ANNUALLY OR SOONER IF CIRCUMSTANCES CHANGE. AUDIT COMMITTEE OF THE BOARD OF DIRECTORS IS CHARGED WITH INITIALLY REVIEWING ALL COI DISCLOSURES AND THEY MAKE THE DETERMINATION AS TO WHETHER IN ANY GIVEN SITUATION A RECUSAL WILL BE SUFFICIENT TO MITIGATE THE APPARENT OR ACTUAL CONFLICT OF INTEREST. THE AUDIT COMMITTEE MAY ASK THE CEO TO FURTHER REVIEW EMPLOYEE POTENTIAL CONFLICTS OF INTEREST, AND ASK FOR RECOMMENDATION FROM THE CEO. IN THE CASE OF AN APPARENT OR ACTUAL COMMITTEE MEMBERS CONFLICT OF INTEREST INVOLVING OFFICERS DIRECTORS OR

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization NATIONAL COUNCIL OF JUVENILE **Employer identification number** 94-3109663 AND FAMILY COURT JUDGES FUND INC. SUCH DETERMINATIONS WILL BE MADE BY THE AUDIT COMMITTEE. 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. 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 AND THE FINANCE DIRECTOR. 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 COUNCIL PRESIDENT, 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. FOLLOW-UP IS REFERRED TO AND PRESENTED TO THE AUDIT 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.

Name of the organization NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES FUND INC.	Employer identification number 94-3109663
FORM 990, PART VI, SECTION B, LINE 15:	
THE FUND DOES NOT COMPENSATE EMPLOYEES. ANY COMPENSATION I	S PAID BY THE
NATIONAL COUNCIL OF JUVENILE & FAMILY COURT JUDGES, A RELA	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	
AUDITED FINANCIAL STATEMENTS, AND FORMS 990 ARE AVAILABLE	ON THE
ORGANIZATION'S WEBSITE AND AVAILABLE ON REQUEST (EITHER EL	ECTRONICALLY OR
HARD COPY).	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization NATIONAL COUNCIL OF JUVENILE
AND FAMILY COURT JUDGES FUND INC.

Employer identification number 94-3109663

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (f) (a) (b) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country)

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
NATIONAL COUNCIL OF JUVENILE AND FAMILY	EDUCATION AND TRAINING FOR						
COURT JUDGES - 36-2486896, P.O. BOX 8970,	JUDGES AND OTHER JUVENILE						
RENO, NV 89507	JUSTICE PROFESSIONALS	NEVADA	501(C)(3)	LINE 7	N/A		Х
					NATIONAL COUNCIL		
NATIONAL JUVENILE COURT FOUNDATION, INC	7				OF JUVENILE &		
36-6142750, P.O. BOX 8970, RENO, NV 89507	SUPPORTS NCJFCJ ACTIVITIES	PENNSYLVANIA	501(C)(3)	LINE 7	FAMILY COURT		Х
	_						
	4						

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019



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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Diagrapartianeta		oroportionate Code V-UBI		al or P ging er?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	_											

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	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	(h) Percentage ownership	ent	entity:	
		,						Yes	No	

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Schedule R (Form 990) 2019

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

Not	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		•					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			1a		X	
b	Gift, grant, or capital contribution to related organization(s)				1b	X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X	
	Loans or loan guarantees to or for related organization(s)				1d		X	
	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1g		Х	
	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)							
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		Х	
	Performance of services or membership or fundraising solicitations by related organ				1m		Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		Х	
	Sharing of paid employees with related organization(s)				10		Х	
р	Reimbursement paid to related organization(s) for expenses				1р		X	
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r		X	
	Other transfer of cash or property from related organization(s)				1s		Х	
	If the answer to any of the above is "Yes," see the instructions for information on w							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved			
1	NATIONAL COUNCIL OF JUVENILE AND FAMILY							
(1) (COURT JUDGES	В	92,716.	COST				
(2)								
(3)								
(4)								
(5)								

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)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec 501(c)(3) orgs.?		Share of end-of-year assets	Dispropo tionate allocation Yes N	s? of Schedule K-1	General or managing partner?	Percentage ownership