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

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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.

ax year beginning OCT 1 , 2020 and ending SEP 30.

Inspection

	OI III	e 2020 calendar year, or tax year beginning OC1 1, 2020 and	ending 2	<u> </u>						
B	Check if	C Name of organization		D Employer identifi	cation number					
	Addre	NATIONAL COUNCIL OF JUVENILE								
F	 Name			94-3109663						
H	chang Initial		Doom/ouito							
F	return Final	P O BOY 8970	Number and street (or P.O. box if mail is not delivered to street address)  Room/suite							
	⊥return termir ated	City or town, state or province, country, and ZIP or foreign postal code	·							
	□Amen	ded DENIO NT 90507		G Gross receipts \$ H(a) Is this a group r	428,124.					
늗	return Applic tion		7.S	for subordinates						
	pendi	SAME AS C ABOVE	56		==					
SAME AS C ABOVE  I Tax-exempt status:   X 501(c)(3)   501(c)   √ (insert no.)   4947(a)(1) or   527  If "No," attach a list. See instructions										
		te: > WWW.NCJFCJ.ORG	01 027	H(c) Group exemption						
		forganization: X Corporation Trust Association Other	L Year	<del></del>	M State of legal domicile: NV					
Pá	art I	Summary		•	<u>v</u>					
	1	Briefly describe the organization's mission or most significant activities: TO A	SSIST	AND BENEFIT	THE					
Activities & Governance		NATIONAL COUNCIL OF JUVENILE AND FAMILY C	OURT C	UDGES.						
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.					
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	5					
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4					
80	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0					
Vi <b>t</b> i	6	Total number of volunteers (estimate if necessary)			7					
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.					
				Prior Year	Current Year					
ē	8	Contributions and grants (Part VIII, line 1h)		0.	0.					
enc	9	Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9,591.	123,212.					
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0. 9,591.	15. 123,227.					
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		92,716.	100,817.					
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		92,710.	0.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.					
ens	loa	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	0.	<u> </u>	0.					
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		27,876.	30,036.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		120,592.	130,853.					
	19	Revenue less expenses. Subtract line 18 from line 12		-111,001.	-7,626.					
Or or	3	Travellas loca expenses. Castrast inte 10 from inte 12		ginning of Current Year	End of Year					
ets	20	Total assets (Part X, line 16)		2,343,954.	2,613,318.					
ASS	21	Total liabilities (Part X, line 26)		93,518.	193,533.					
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		2,250,436.	2,419,785.					
Pa	art II	Signature Block								
Und	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of m	y knowledge and belief, it is					
true	, corre	et, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.						
Sig	n	Signature of officer		Date						
Her	e	TRUDY DULONG, DIRECTOR OF FINANCE								
		Type or print name and title	- 1	Doto In	DTIN					
		Print/Type preparer's name  Preparer's signature	$\overline{}$	Date Check [	PTIN					
Paid		AARON M. FOX	<u> </u>	7/27/22 self-emplo						
	parer	Firm's name MARCUM LLP		Firm's EIN	11-1986323					
Use Only   Firm's address   1899 L STREET, NW, SUITE 850   Phone no. (202) 227-										
N 4 -	المحالجين	WASHINGTON, DC 20036		Phone no. ( 4						
		RS discuss this return with the preparer shown above? See instructions 3-20 LHA For Paperwork Reduction Act Notice, see the separate instruction			X Yes No Form <b>990</b> (2020)					
0320	01 12-2	o-20 Lina for Faperwork neurolion Actinolice, see the separate instruction	лIЭ.		FUITH 555 (2020)					

4c	(Code:)	(Expenses \$		including grants of \$		_ ) (Revenue \$		
4d	Other program ser	vices (Describe on Scl	hedule O.)					
	(= -				) (D		١	

100,817.

Form 990 (2020)

Total program service expenses

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### NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES FUND INC.

Form 990 (2020)

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	_		37
_	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	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			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			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	40	Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.		х
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441.		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		
u		444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE	- 21	
'	the organization's separate of consolidated financial statements for the tax year include a footified that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	, ,	12a		Х
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	1- No. 2002 in the control of the co	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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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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	X				
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		<u> X</u>			
b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?						
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					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			.,			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>			
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	051		x			
00	Schedule L, Part I	25b					
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%	26		x			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20					
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		X			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	Li					
	instructions, for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>						
-	"Yes," complete Schedule L, Part IV	28a		х			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х			
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c		Х			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? 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						
	Part V, line 1	34	X				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> X</u>			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity						
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v			
~~	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		x			
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37					
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Х				
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	JO	41				
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0						
c	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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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continuos)				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				103	140			
	filed for the calendar year ending with or within the year covered by this return	2a	l c						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b					
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ty over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	t)?	4a		<u> </u>			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		<u>X</u>			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c					
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		Х			
h	any contributions that were not tax deductible as charitable contributions?			6a					
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		giits	6b					
7	Were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			00					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the payor?	7a		Х			
			rovided to the payor.	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa								
	to file Form 8282?			7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
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?			8					
9	Sponsoring organizations maintaining donor advised funds.								
a				9a					
				9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	I						
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		-					
11	Section 501(c)(12) organizations. Enter:	100		1					
 а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	<b>Note:</b> 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	ı	I						
	organization is licensed to issue qualified health plans	13b		-					
	Enter the amount of reserves on hand	13c	<u> </u>			v			
				14a	+-+	_X_			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b	+-				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		Х			
	excess parachute payment(s) during the year?  If "Ves " see instructions and file Form 4720. Schedule N.			15		Λ			
16	If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		Х			
	If "Yes," complete Form 4720, Schedule O.		ne?	10					
	ii 100, complete i omi 4120, comedule o.			Fore	990	(2020)			

AND FAMILY COURT JUDGES FUND INC. 94-3109663 Form 990 (2020) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section 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 ..... 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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

exempt	status with respect to such arrangements?
Section C.	Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available.						
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain on Schedule O)					

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, an	d telephone	number	r of the person who possesses the organization's books and records	▶
TRUDY DULONG -	(775)	507	-4777	
P.O. BOX 8970,	RENO,	NV	89507	

Form 990 (2020)

16h

20

# Form 990 (2020) AND FAMILY COURT JUDGES FUND INC. 94-3 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 in		orga	niza			npen	sate			<b>.</b>
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per		box, unless person is officer and a director/				compensation	compensation	amount of	
	week (list any							from the	from related organizations	other compensation
	hours for	direct				P		organization	(W-2/1099-MISC)	from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** =/ *********************************	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				and related
	below	vidua	itutio	Je	Key employee	nest c	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	Fori			
(1) JOEY ORDUNA HASTINGS	0.50	1						_		
SECRETARY/TREASURER	40.50	Х		Х				0.	181,909.	15,894.
(2) TRUDY DULONG	0.50	-								
DIRECTOR OF FINANCE	40.25			X				0.	115,680.	31,066.
(3) HIRAM PUIG-LUGO; PRESIDENT	0.25									
ELECT - UNTIL 07/2021, PRESIDENT	8.50	Х		X				0.	0.	0.
(4) JUDGE DAN MICHAEL	0.25			l						
PRESIDENT - UNTIL 07/2021	16.50	Х		Х				0.	0.	0.
(5) DAVID B. KATZ	0.25			l						
PRESIDENT ELECT	8.00	Х	_	Х				0.	0.	0.
(6) DONALD GIMBEL	0.25	.,								
TRUSTEE	8.25	Х						0.	0.	0.
(7) AMANDA N. HEATH	0.25	.,								
TRUSTEE	2.50	Х						0.	0.	0.
(8) EGAN WALKER	0.25	.,								
TRUSTEE - UNTIL 07/2021	2.50	Х	_					0.	0.	0.
		-								
		-								
		1								
		1								
		1								
		1								
		1								
		1								
		1								

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Fai	t VII   Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
	<b>(A)</b> Name and title	(B) Average hours per	(do box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		( <b>D</b> ) Reportable compensation	Reportable Reportable		(F) Estimated amount of					
		week (list any hours for related organizations below	tee or director	Institutional trustee			Highest compensated surplicated small		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		fr org an	other pensation the anizated relate	e ion ed
		line)	Indivi	Institu	Officer	Key er	Highe emplo	Former						
	Outside								0.	297,5	9.0	1	6 0	<u>6 N</u>
С	Subtotal Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	0.		0.	0.		
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but n							o re	0 • eceived more than \$100,	297,5 000 of reportab		4	6,9	60.
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,			кеу є	mpl	oye	e, or	hig	hest compensated emp	oyee on				Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth		ne organization		3		^
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	X	
Sec	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch r	oers	on .					5		Х
1	Complete this table for your five highest co										pensat	tion fro	om	
	the organization. Report compensation for (A)					ith c	or wi	thin 	(B)			((		
	Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	C	ompe	nsatio	n
2	Total number of independent contractors (ii	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than				

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Part VIII | Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Schedule O contains a response	or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
Grants, Grants	1	а	Federated campaigns 1a					
irar		b	Membership dues 1b					
G,		С	Fundraising events 1c					
S. A			Related organizations 1d					
Contributions, Giff and Other Similar			Government grants (contributions) 1e					
Sir			All other contributions, gifts, grants, and					
uti Je		•	similar amounts not included above					
öri								
on pd		•	Noncash contributions included in lines 1a-1f					
OB		n	Total. Add lines 1a-1f					
				Business Code				
e	2	а						
e <u>Č</u>		b						
am Ser		С						
am		d						
ge		е						
Program Service Revenue			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
	J		other similar amounts)		57,310.			57,310.
	4		Income from investment of tax-exempt bond p		37,310.			37,310.
	4							
	5		Royalties(i) Real					
				(ii) Personal				
	6		Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	<u></u>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 370,799.					
		b	Less: cost or other basis					
<u>e</u>			and sales expenses 7b 304,897.					
Revenue		c	Gain or (loss) 7c 65,902.					
ev.			Net gain or (loss)		65,902.			65,902.
her F			Gross income from fundraising events (not		03/3021			0373021
Othe	0	а						
0								
			contributions reported on line 1c). See					
			Part IV, line 188a					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	<b></b>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	a				
		b	Less: cost of goods sold 10t					
			Net income or (loss) from sales of inventory	<u> </u>				
				Business Code				
ns	44	_	BANK REFUNDS	900099	15.			15.
ieo ue	11			700077	13.			13.
llan		b						
Miscellaneous Revenue		С						
Mis			All other revenue		4 =			
_		е	Total. Add lines 11a-11d		15.			100 00-
	12		Total revenue. See instructions		123,227.	0.	J 0.	123,227.

#### Part IX | Statement of Functional Expenses

Secti	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											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	100,817.	100,817.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (nonemployees):										
а	Management										
b	Legal										
С	Accounting										
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees	30,036.		30,036.							
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A) amount, list line 11g expenses on Sch O.)										
12	Advertising and promotion										
13	Office expenses										
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses. Itemize expenses not covered 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 0.)										
а											
b											
С											
d											
	All other expenses	120 052	100 015	20 026	•						
<u>25</u>	Total functional expenses. Add lines 1 through 24e	130,853.	100,817.	30,036.	0.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										

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Par	τX	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	134,936
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	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	
	6	Loans and other receivables from other disqualified persons (as defined			
ts		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ą	9	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	2 242 572	10c	
	11	Investments - publicly traded securities		11	2,478,382
	12	Investments - other securities. See Part IV, line 11		12	0
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,613,318
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	93,518.	25	193,533
	06	of Schedule D	93,518.		193,533
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here	93,310•	26	193,333
S		and complete lines 27, 28, 32, and 33.			
nce	27		95,941.	27	99,518
ala	28	Net assets without donor restrictions  Net assets with donor restrictions		28	2,320,267
힏	20	Organizations that do not follow FASB ASC 958, check here	2/131/1331	20	2/320/20/
Ψ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	2,419,785
Z	33	Total liabilities and net assets/fund balances	0 242 054	33	2,613,318

Form 990 (2020)

Form	1 990 (2020) AND FAMILY COURT JUDGES FUND INC.	94	-310966	3 р	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	23,2	227.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	30,8	853.
3	Revenue less expenses. Subtract line 2 from line 1	3			626.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			<u>436.</u>
5	Net unrealized gains (losses) on investments	5	1	76, <u>9</u>	975 <b>.</b>
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	2,4	19,	785.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	s 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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	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?		2	X	
	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?		2	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C	D.		
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 Aud	dit		
	Act and OMB Circular A-133?		<u>3</u>	а	X
<b>L</b>	If "Voc " did the executation undergo the required outlit or outlite" If the executation did not undergo the require		1:±	1	

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

#### 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

NATIONAL COUNCIL OF JUVENILE **Employer identification number** Name of the organization AND FAMILY COURT JUDGES FUND INC. 94-3109663 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) NATIONAL COUNCIL OF JUVENILE FAMILY COU 36-2486896 100,817 X

0.

100,817.

Part II 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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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)						
6	Public support. Subtract line 5 from line 4.						
_	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	ourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	<u>%</u>
	Public support percentage from 2019					15	<u>%</u>
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	k and
	<b>stop here.</b> The organization qualifies		•				
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	•	• •				
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts					VI how the organiz	ation
	meets the facts-and-circumstances te	•			•		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	e facts-and-circum	nstances test, chec	ck this box and st	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu			•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b		nd see instructions	

# Schedule A (Form 990 or 990-EZ) 2020 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.)

Section A. Public Support	ow, piease com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6		(2)==::	(=, == : =	(,	(-,	(1)
dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Public					<del> </del>	
15 Public support percentage for 2020 (lin			column (f))		15	%
Public support percentage from 2019 S					16	%
Section D. Computation of Invest					<del> </del>	
17 Investment income percentage for 202					17	%
18 Investment income percentage from 20					18	9/
<b>19a 33 1/3% support tests - 2020.</b> If the o						17 is not
more than 33 1/3%, check this box and b 33 1/3% support tests - 2019. If the co	-	-	•			
line 18 is not more than 33 1/3%, check	•			•	•	
20 Private foundation. If the organization						<b>•</b>

032023 01-25-21

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes." complete Part I of Schedule L (Form 990 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 line 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		X
			37
-	3a		X
	3b		
-	3c		
			X
l '	4a		
	4b		
Ŀ	4c		
			X
	5a		
	5b		
	5c		
	6		Х
	7		Х
	8		X
	9a		X
	9b		Х
	9c		X
	Ωe		X
	0a		-21
1	0b		
		n-F7\	2020

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
	A family member of a person described in line 11a above?	11b		X
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			77
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		X
Sec	tion B. Type i Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1	х	
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	•	21	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	· '			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	1-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in		1	
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
ŭ	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

# Schedule A (Form 990 or 990-EZ) 2020 AND FAMILY COURT JUDGES FUND INC.

Pai	¹t V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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 0.015 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 0.035.	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 0.85 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-functiona	lly integrated	d Type III supporting orga	nization (see
	instructions).	. •		•

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 AND FAMILY COURT JUDGES FUND INC. 94-3109663 Page 7

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
	Other distributions (describe in Part VI). See instructions.		6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2020 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
	•	(i)	(ii)	(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
_1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
с	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i_	Carryover from 2015 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

# NATIONAL COUNCIL OF JUVENILE

Schedule A	(Form 990 or 9	90-EZ) 2020	AND	<b>FAMILY</b>	COURT	JUDGES	FUND	INC.	94-3109663 Page 8
Part VI	Supplement Part IV, Section line 1; Part IV, Section D, line	ntal Inform on A, lines 1, Section D, I es 5, 6, and 8	<b>nation.</b> 2, 3b, 3d ines 2 an	Provide the c, 4b, 4c, 5a, d 3; Part IV, 9	explanation 6, 9a, 9b, 9c Section E, lir	s required by s, 11a, 11b, ar nes 1c, 2a, 2b	Part II, line nd 11c; Par , 3a, and 3l	10; Part II, line t IV, Section B, b; Part V, line 1	17a or 17b; Part III, line 12; lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V, additional information.
	(See instruction	ons.)							

#### **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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES FUND INC.

**Employer identification number** 94-3109663

Part	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		(b) Founds and all
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
Part	impermissible private benefit?  t II Conservation Easements. Complete if the or		
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization of land for public use (for example, recreation of land for public use).		f a historically important land area
	Protection of natural habitat		f a historically important land area f a certified historic structure
	Preservation of open space	Preservation of	r a certified historic structure
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a consequation easement on the last
	day of the tax year.	med conservation contribution in the form	Held at the End of the Tax Year
	T		
	Number of conservation easements on a certified historic str	ructure included in (a)	
	Number of conservation easements included in (c) acquired		
	listed in the National Register	·	I I
	Number of conservation easements modified, transferred, re		
	year	incused, extinguished, or terminated by the	organization during the tax
	Number of states where property subject to conservation ea	sement is located	
	Does the organization have a written policy regarding the pe	•	
	violations, and enforcement of the conservation easements i		Yes No
	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year
	<b>▶</b> \$		•
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.		
Part	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	ns.
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and I	balance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<b>L</b> A
2	If the organization received or held works of art, historical tree	easures, or other similar assets for financia	ıl gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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

	NATIONA	L COUNCIL (	OF JUVENILE	3			
Sche	dule D (Form 990) 2020 AND FAM	ILY COURT 3	JUDGES FUNI	INC.	94-31	09663	Page 2
	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe			
3	Using the organization's acquisition, accessi					(COTTATION	cuj
	collection items (check all that apply):	•	,	Ü	·		
а	Public exhibition	d	Loan or excl	nange program			
b	Scholarly research	e		9-  9			
c	Preservation for future generations	_					
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mot purpose in Part	XIII	
5	During the year, did the organization solicit o					,	
•	to be sold to raise funds rather than to be ma				_	Yes	☐ No
Par	t IV Escrow and Custodial Arran						
	reported an amount on Form 990, Pai				,		
1a	Is the organization an agent, trustee, custodi		iary for contributions	or other assets not	included		
	on Form 990, Part X?		•			Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII						
_		and complete and to	.eg .a.e.e.			Amount	
С	Beginning balance				1c		
	Additions during the year						
	Distributions during the year						
f	Ending balance				1f		
2a	Did the organization include an amount on Fe				lity?	Yes	No
	If "Yes," explain the arrangement in Part XIII.				•	_	
Par							
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four y	ears back
1a	Beginning of year balance	2,154,495.	2,241,403.	2,075,341.	2,474,207.		55,198.
b	Contributions						
С	Net investment earnings, gains, and losses	255,426.	5,808.	166,062.	101,134.	1	32,620.
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses	89,654.	92,716.		500,000.	1	13,611.
g	End of year balance	2,320,267.	2,154,495.	2,241,403.	2,075,341.	2,4	74,207.
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1g. column (a)	) held as:			
а	Board designated or quasi-endowment	, , , , , , , , , , , , , , , , , , , ,	%	,			
b	Permanent endowment ► 25.8591	%	<b>—</b>				
С	Term endowment ▶ 74.1409						
	The percentages on lines 2a, 2b, and 2c sho						
За	Are there endowment funds not in the posse		tion that are held an	d administered for t	he organization		
	by:	3			3	Y	es No
	(i) Unrelated organizations					3a(i)	Х
	(ii) Related organizations					3a(ii)	Х
b	If "Yes" on line 3a(ii), are the related organiza					3b	
4	Describe in Part XIII the intended uses of the						
Par	t VI Land, Buildings, and Equipm						
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990, Part X	, line 10.		
	Description of property	(a) Cost or o		i i	Accumulated	(d) Book v	value
		basis (investr	, , , , , ,	' '	epreciation	(=, ===:	
1a	Land						
b	Buildings						
	Leasehold improvements						
	Fauipment						

Schedule D (Form 990) 2020

e Other

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

chedule [	) (Form 990	) 2020	AND	FAMILY	COURT	JUDGES	

(a) Daggete	Complete if the organization answered "Yes"			
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
) Financia	al derivatives			
) Closely	held equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	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.	
	(a)	Description		(b) Book value
(1)				
(2)				
(2)				
(3)				
(3) (4)				
(3) (4) (5)				
(3) (4) (5) (6)				
(3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7) (8)				
(3) (4) (5) (6) (7) (8) (9) otal. (Colu	ımn (b) must equal Form 990, Part X. col. (B) line <b>Other Liabilities</b> .	e 15.)		•
(3) (4) (5) (6) (7) (8) (9)	Other Liabilities.	•	,	•
(3) (4) (5) (6) (7) (8) (9) otal. (Colu	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	•	,	•
(3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	•	,	5.
(3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes	•	,	5. <b>(b)</b> Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Columnation X  Part X  (1) Fecc (2) DU	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes	•	,	5. <b>(b)</b> Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Columnation (Columnati	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes	•	,	5. <b>(b)</b> Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Columnation (Columnati	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes	•	,	5. <b>(b)</b> Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Columbia) (1) Fec (2) DU (3) (4) (5)	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes	•	,	5. <b>(b)</b> Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Columbia) (1) Fec (2) DU (3) (4) (5) (6)	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes	•	,	5. <b>(b)</b> Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Columbia) (1) Fec (2) DU (3) (4) (5) (6) (7)	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes	•	,	5. <b>(b)</b> Book value
(3) (4) (5) (6) (7) (8) (9) otal. (Columbia (C	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes	•	,	5. <b>(b)</b> Book value
(3) (4) (5) (6) (7) (8) (9) (otal. (Columnation) (1) Fec (2) DU (3) (4) (5) (6) (7) (8) (9)	Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability  deral income taxes	on Form 990, Part IV, line	,	5.

032053 12-01-20

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

rar		liation of Revenue per Audited Financial Stateme	•	eturn.	
		f the organization answered "Yes" on Form 990, Part IV, line 12a	•	T . T	
1	, 0			1	
2		on line 1 but not on Form 990, Part VIII, line 12:	00		
		ns (losses) on investments		-	
b		and use of facilities		_	
c d		r year grants Part XIII.)			
		igh 2d		2e	
3		om line 1		3	
4		on Form 990, Part VIII, line 12, but not on line 1:			
a		ses not included on Form 990, Part VIII, line 7b	4a		
		Part XIII.)			
	Add lines 4a and 4			4c	
5		d lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			
Par	t XII Reconci	liation of Expenses per Audited Financial Statem	ents With Expenses per	Return.	
	Complete it	f the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses an	d losses per audited financial statements		1	
2	Amounts included	on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services	and use of facilities	2a		
b	Prior year adjustm	ents	2b		
С	Other losses		2c		
d	•	Part XIII.)			
		ıgh <b>2d</b>		2e	
3		om line <b>1</b>		3	
4		on Form 990, Part IX, line 25, but not on line 1:	1.1		
		ses not included on Form 990, Part VIII, line 7b		_	
		Part XIII.)	<u> </u>	10	
	Add lines <b>4a</b> and 4	dd lines <b>3</b> and <b>4c.</b> <i>(This must equal Form 990, Part I. line 18.)</i>		4c 5	
Par	t XIII Supplem	nental Information.			
		required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV. lines 1b and 2b: Part V. line	4: Part X. line	2: Part XI.
	· ·	t XII, lines 2d and 4b. Also complete this part to provide any add		.,	_, ,
	,				
PAF	RT V, LINE	4:			
THE	E ENDOWMEN'	T CONSISTS OF PERMANENTLY RESTRIC	CTED FUNDS THAT	WERE	
CON	TRIBUTED 1	BY TWO PRIVATE FOUNDATIONS LOCATI	ED IN PITTSBURGH	, PA. TI	HE
- <b>7</b> -	NITNOG ON I	MILICE EUNDC ADE MENDODADII V DECMI	TOWER WO DENIET	m 331D (1	тррорш
LAF	MINGS ON	THESE FUNDS ARE TEMPORARILY REST	KICTED TO BENEFIT	T AND S	JPPORT.
דעי	т маттомат.	COUNCIL OF JUVENILE AND FAMILY (	י אד פקטחווד. ייקווסי	тмот.пмп	MTNC
1111	MATIONAL	COUNCIL OF GOVERNIBE AND PARTIES	COOKI GODGES IN	TME DEME	NI ING
RES	SEARCH FIN	DINGS AND DEVELOPING NEW TOOLS W	HICH WILL ASSIST	JUDGES	AND
	ZIII(OII I II(	<u> </u>	TION WILL HOUSE	000000	111111111111111111111111111111111111111
COU	JRTS SERVI	NG THE NEEDS OF CHILDREN AND FAM.	ILIES. AN ENDOWM	ENT SPEI	NDING
POI	ICY HAS B	EEN ADOPTED IN ORDER TO HELP PRES	SERVE AND GROW T	HE ENDO	WMENT.
					<del></del>
PAF	RT X, LINE	2:			
тнт	E FUND PER	FORMED AN EVALUATION OF UNCERTAIN	NTY IN INCOME TA	XES FOR	THE

Schedule D (Form 990) 2020

YEAR ENDED SEPTEMBER 30, 2021, AND DETERMINED THAT THERE WERE NO MATTERS

#### **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.

**Open to Public** 

OMB No. 1545-0047

Inspection NATIONAL COUNCIL OF JUVENILE **Employer identification number** Name of the organization AND FAMILY COURT JUDGES FUND INC. 94-3109663 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) NATIONAL COUNCIL OF JUVENILE & FAMILY COURT JUDGES - P.O. BOX 8970 - RENO, NV 89507 36-2486896 501(C)(3) 0 GENERAL SUPPORT 100,817. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

94-3109663

(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 red	uired in Part I, lin	e 2; Part III, columr	In (b); and any other ac	I Iditional information.	
PART I, LINE 2:					
THE SOLE GRANT ISSUED BY THE FUND	WAS TO NA	TIONAL COU	UNCIL OF JU	VENILE AND	
FAMILY COURT JUDGES, A CONTROLLING	ORGANIZA	TION UNDE	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.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

**Questions Regarding Compensation** 

NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES FUND INC.

Employer identification number 94-3109663

			Yes	No
<b>1</b> a	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:			
	Receive a severance payment or change-of-control payment?	4a		X
	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:			37
a	The organization?	5a		X
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:			7
a	The organization?	6a		X
b	Any related organization?	6b		
_	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	_		v
	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			Х
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
	Regulations section 53.4958-6(c)?	ı 9		ı

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

Schedule J (Form 990) 2020 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.

94-3109663

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) JOEY ORDUNA HASTINGS	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	181,330.	0.	579.	7,426.	8,468.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
·	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020 AND FAMILY COURT JUDGES FUND INC.	94-3109663	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete the	nis part for any additional information.	
PART I, LINE 3		
THE FUND DOES NOT COMPENSATE ANY EMPLOYEES. ANY EMPLOYEE COMPENSATION		
IS PAID BY THE NATIONAL COUNCIL OF JUVENILE & FAMILY COURT JUDGES, A		
RELATED ORGANIZATION.		

#### 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.

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

94-3109663

OMB No. 1545-0047

Name of the organization

NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES FUND INC.

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 DRAFT FEDERAL FORM 990 IS REVIEWED BY THE FINANCE DIRECTOR AND PRESENTED TO THE JOINT AUDIT AND FINANCE COMMITTEES FOR REVIEW AND APPROVAL. A COPY OF THE RETURN IS THEN SENT TO THE FULL BOARD OF DIRECTORS BEFORE BEING FILED. THE FORMS ARE FORMALLY PRESENTED TO THE BOARD OF DIRECTORS AT THEIR NEXT SCHEDULED MEETING TO DISCUSS CHANGES THAT MAY HAVE OCCURRED IN REPORTING REQUIREMENTS SINCE THE LAST FILING, 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
OF INTEREST (COI) TRAINING WITHIN 30 DAYS OF DATE OF HIRE OR JOINING THE
BOARD. EMPLOYEES, OFFICERS, BOARD MEMBERS, COMMITTEE MEMBERS AND OTHERS ARE
ALSO RESPONSIBLE FOR READING THE COI POLICY, SIGNING THE COI POLICY
ACKNOWLEDGMENT FORM AND DISCLOSURE FORM, AND RETURNING THEM AS DIRECTED.
THESE FORMS MUST BE SIGNED ANNUALLY OR SOONER IF CIRCUMSTANCES CHANGE. THE
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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization NATIONAL COUNCIL OF JUVENILE

**Employer identification number** 

94-3109663 AND FAMILY COURT JUDGES FUND INC. CEO TO FURTHER REVIEW EMPLOYEE POTENTIAL CONFLICTS OF INTEREST, AND ASK FOR A RECOMMENDATION FROM THE CEO. IN THE CASE OF AN APPARENT OR ACTUAL CONFLICT OF INTEREST INVOLVING OFFICERS, DIRECTORS, OR COMMITTEE MEMBERS, SUCH DETERMINATIONS WILL BE MADE BY THE AUDIT COMMITTEE. 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

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization NATIONAL COUNCIL OF JUVENILE	Employer identification number
AND FAMILY COURT JUDGES FUND INC.	94-3109663
POTENTIAL CONFLICTS ARE REVIEWED AND ACTED UPON ACCORDING	TO PROCEDURES
OUTLINED IN THE COI POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE FUND DOES NOT COMPENSATE EMPLOYEES. ANY COMPENSATION I	S PAID BY THE
THE TORE BODE NOT COME EMPORITE EMPLOYED VINCTURE TO THE TOTAL PROPERTY OF THE	.5 11115 51 1111
NATIONAL COUNCIL OF JUVENILE & FAMILY COURT JUDGES, A RELA	TED ORGANIZATION.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	rem DOLTOV
THE ORGANIZATION S GOVERNING DOCUMENTS, CONFIDENT OF INTEREST	ist router,
AUDITED FINANCIAL STATEMENTS, AND FORMS 990 ARE AVAILABLE	ON THE
ORGANIZATION'S WEBSITE AND AVAILABLE ON REQUEST (EITHER EL	ECTRONICALLY OR
HARD CODY	
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.

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

Open to Public Inspection **Employer identification number** 

Name of the organization

Department of the Treasury Internal Revenue Service

NATIONAL COUNCIL OF JUVENILE AND FAMILY COURT JUDGES FUND INC.

94-3109663

OMB No. 1545-0047

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controllin entity

organizations during the tax year.

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		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		X
					NATIONAL COUNCIL		
NATIONAL JUVENILE COURT FOUNDATION, INC					OF JUVENILE &		
36-6142750, P.O. BOX 8970, RENO, NV 89507	SUPPORTS NCJFCJ ACTIVITIES	PENNSYLVANIA	501(C)(3)	LINE 7	FAMILY COURT		Х
	_						
-							

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2020 AND FAMILY COURT JUDGES FUND INC.

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)	(I	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)	ninant income Share of total ed, unrelated, income		Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	entity:	
		,						Yes	No	

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

X

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<i>'</i>			1a		<u>X</u>	
b	Gift, grant, or capital contribution to related organization(s)				1b	Х		
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		<u>X</u>	
h	Purchase of assets from related organization(s)				1h		<u>X</u>	
i	Exchange of assets with related organization(s)				1i		<u>X</u>	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		_X_	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
	Performance of services or membership or fundraising solicitations for related organization(s)							
n	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
o	Sharing of paid employees with related organization(s)							
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		<u>X</u>	
q	Reimbursement paid by related organization(s) for expenses				1q		<u>X</u>	
r	Other transfer of cash or property to related organization(s)				1r		_X_	
s	Other transfer of cash or property from related organization(s)				1s		<u>X</u>	
_2	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," and "Yes," are the above it in the above it is "Yes," and "Yes," an	ho must complete th	is line, including covered re	lationships and transaction thresholds.				
	(a)	(b)	(c)	(d)				
	(a)  Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved			
		type (a-s)						
	NATIONAL COUNCIL OF JUVENILE AND FAMILY							
<u>(1)</u> (	COURT JUDGES	В	100,817.	COST				
(2)								
(3)								
<u>(4)</u>								
<u>(5)</u>								
(6)								
03216	3 10-28-20			Schedule	R (Forn	n 990)	2020	

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	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec		Share of	Disprop	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	(related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocatio	amount in box 20	) managin	g ownership
•		country)	sections 512-514)	Yes No		assets	Yes N	(Form 1065)	Yes No	
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Part VII Supplemental Information  Provide additional information for responses to questions on Schedule R. See instructions.
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
NATIONAL JUVENILE COURT FOUNDATION, INC.
DIRECT CONTROLLING ENTITY: NATIONAL COUNCIL OF JUVENILE & FAMILY COURT
JUDGES