Department of the Treasury nternal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 2016 Open to Public Inspection

<u>1</u>	For the 2016 (calendar year, or tax year beginning $09/01/16$, and ending	08/31/1	L7		
3	Check if applicable:	C Name of organization			D Employer	identification number
	Address change	JUVENILE LAW CENTER				
	Name change	Doing business as		- ,		976386
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 1315 WALNUT STREET 4TH FLOOR		Room/suite	215 -	625-0551
_	Final return/	City or town, state or province, country, and ZIP or foreign postal code	<u></u>			
	terminated	PHILADELPHIA PA 19107			G Gross rece	eipts\$ 4,151,508
	Amended return	F Name and address of principal officer:			G 01033 1666	
	Application pending	SUSAN V. MANGOLD		H(a) Is this a gro	up return for su	bordinates? Yes X No
		1315 WALNUT STREET 4TH FLOOR		H(b) Are all sub	ordinates inclu	uded? Yes No
		PHILADELPHIA PA 19107		If "No,"	attach a list.	(see instructions)
_	Tax-exempt status:		527			
<u>:</u>		WWW.JLC.ORG	027	H(c) Group exe	motion numbe	. •
<u>, </u>	Form of organization		I v	ear of formation: 1		M State of legal domicile: PA
		ummary	1	odi oi ioimaton. —		otato or logal dormono. — — —
20090	1					
4		ENILE LAW CENTER ADVOCATES FOR RIGHTS, DIGN	JITY, EOUI	TTY, AND	OPPORT	NITY
2	FOR	ALL YOUTH IN THE CHILD WELFARE AND JUSTICE				TT: T: T: T: T:
Activities & Governance		THE TOUR IN THE CHIEF WELLING THE CONTROL				
Š	2 Chock th	is box ▶ if the organization discontinued its operations or disposed	of more than 25	% of its not ass		
Ö	2 Check ti					21
•ජ ග	3 Number	of voting members of the governing body (Part VI, line 1a)			3	21
ī.	4 Number	of independent voting members of the governing body (Part VI, line 1b)			. 4	31
Ę	5 Total nu	mber of individuals employed in calendar year 2016 (Part V, line 2a)			6	25
A	6 Total nui	mber of volunteers (estimate if necessary)				0
		related business revenue from Part VIII, column (C), line 12				0
	b Net unre	lated business taxable income from Form 990-T, line 34	·····	Prior Yea		Current Year
	8 Contribu	tions and grants (Part VIII, line 1h)	<u> </u>		9,314	3,953,564
ne	0 Program		I .		2,501	1,635
Revenue	9 Program	service revenue (Part VIII, line 2g)	· · · · · · · · · · · · · · · · · · ·		4,386	125,203
Re	10 investme	ent income (Part VIII, column (A), lines 3, 4, and 7d)			1,300	123,203
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2 92	6,201	4,080,402
		renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,32	0,201	1,000,402
		and similar amounts paid (Part IX, column (A), lines 1–3)	·····			0
	1	paid to or for members (Part IX, column (A), line 4)		1 02'	7 7/0	2,513,500
es	15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5–10	"	1,93	7,748	2,313,300
Expenses	16a Professi	onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 481,				
Š	b Total fur	idraising expenses (Part IX, column (D), line 25) 481,	950	1 45	F 711	1 106 604
ш	17 Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)			5,744	1,106,624
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)			3,492	3,620,124
		e less expenses. Subtract line 18 from line 12		-46 Beginning of Cur	7,291	460,278 End of Year
Net Assets or	20 Total 5	cots (Part V. line 16)	F		0,612	7,397,375
SSe	20 Total as:	sets (Part X, line 16)			1,230	540,301
et	21 Total liai	pilities (Part X, line 26)			9,382	6,857,074
37777	Transcouranteen co.	ets or fund balances. Subtract line 21 from line 20		3,31.	9,302	0,031,017
		gnature Block				
		perjury, I declare that I have examined this return, including accompanying schec complete. Declaration of preparer (other than officer) is based on all information of				owledge and belief, it is
	Le, correct, and c	complete. Declaration of preparer (other trial officer) is based on an information of				
	 	District of the second of the			Data	
	9'' (Signature of officer			Date	•
Нe	ere .	SUSAN V. MANGOLD	EXECU.	TIVE DIE	KECLOF	
		Type or print name and title				THE LOTTING
		pe preparer's name Preparer's signature		Date	Check	X if PTIN
'ai	DAVID	G. FAW		12/18	/17 self-em	
	eparer Firm's na				irm's EIN	23-2701559
Jse	e Only	998 OLD EAGLE SCHOOL ROAD, S	UITE 122	1		
	Firm's ac				hone no.	610-687-8160
/la	y the IRS discu	ss this return with the preparer shown above? (see instructions)				X Yes No

Pa	art III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
J	Briefly describe the organization's mission: JUVENILE LAW CENTER ADVOCATES FOR RIGHTS, DIGNITY, EQUITY, AND OFFICE ALL YOUTH IN THE CHILD WELFARE AND JUSTICE SYSTEMS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	
3	services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
S	a (Code:)(Expenses \$ 2,645,299 including grants of \$) (Revenue \$ SEE ATTACHED SUMMARY NARRATIVE OF JLC'S PROGRAM ACCOMPLISHMENTS HIGHLIGHTS.	AND
- 11	nighlighis.	
	·	
	·	
4b	b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
4c		
4c		
4c		
4c		
4 c		
4c		
4d	c (Code:) (Expenses \$ including grants of \$) (Revenue \$	

Form 990 (2016) JUVENILE LAW CENTER Part IV Checklist of Required Schedules

<u></u>	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 (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			İ
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			ĺ
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			l
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			1
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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,"			1
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
-	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
Ĭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
120	Schedule D, Parts XI and XII	12a	x	l
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
13	The state of the s	140		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	0.4574 11 11 11 11 11 11 11 11 11 11 11 11 11	14b		x
	foreign investments valued at \$100,000 or more? It "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
15		15		x
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	····· 10		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
4-7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		 	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
4-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	····· 17	 	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	х	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
	If "Yes," complete Schedule G, Part III	19		X 0 (201

orm 990 (2016) JUVENILE LAW CENTER Part IV Checklist of Required Schedules Checklist of Required Schedules (continued)

		[Yes	No
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	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		X
2	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
}	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	
а	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
_	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
0	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	·	25b		х
	If "Yes," complete Schedule L, Part I			
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	26		x
	disqualified persons? If "Yes," complete Schedule L, Part II			22
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
3	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
)	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	ļ	X
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
2		32		x
}	complete Schedule N, Part II 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
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
		34		×
	or IV, and Part V, line 1		-	X
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	†	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		+	+
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	-	X
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	1

23-1976386 Page 5 orm 990 (2016) JUVENILE LAW CENTER Statements Regarding Other IRS Filings and Tax Compliance Part V 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 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and X reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Х 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). X Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7c_ required to file Form 8282? d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 10a 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 b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders а Gross income from other sources (Do not net amounts due or paid to other sources h 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 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which b the organization is licensed to issue qualified health plans

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O X

14a

Part VI

X

orm 990 (2016) JUVENILE LAW CENTER

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

<u>sec</u>	tion A. Governing Body and Management				Yes	No
	Extend to a number of voting members of the governing body at the and of the tay year	1a	21		res	INU
1a	Enter the number of voting members of the governing body at the end of the tax year					
	if the governing body delegated broad authority to an executive committee or similar					
L	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent	1b	21			
b	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
2				2		X
_	any other officer, director, trustee, or key employee?			-		
3	Did the organization delegate control over management duties customarily performed by or under the direct			3		X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?					×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was file					X X X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			6		×
6	Did the organization have members or stockholders?					- 21
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			7.		X
	one or more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					v
	stockholders, or persons other than the governing body?			7b	**********	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	year by	trie followir		v	
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Λ.	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					₹.
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	· · · · · · · · · · · · · · · · · · ·		9		X
<u> Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Ir	iternai	Revenu	e Coae.,		
				<u> </u>	Yes	No
I0a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the f	form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
I2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	rise to c	onflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				l	
	describe in Schedule O how this was done				X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	***********
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?		· · · · · · · · · · · · · · · · · · ·	16b		
Sec	etion C. Disclosure					
17	77 July 2011					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section					
-	available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	erest po	olicy, and			
	financial statements available to the public during the tax year.	•	· ·			
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords:	•			
	AUTHAR RAHMAN, OPERATIONS DIRECTOR 1315 WALNUT STREET					
	HILADELPHIA PA 19	107	2	215-62	5 - C	55

[11)

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orm 990 (2016) JUVENILE LAW CENTER

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

- a 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) vho received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F) Reportable Estimated Position Reportable Name and Title Average compensation from amount of (do not check more than one compensation hours per other related box, unless person is both an from week compensation organizations officer and a director/trustee) the (list any (W-2/1099-MISC

	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) SEE ATTACHED LIS	TOTAL 10	n 02	PF		BC	NO				
(1) SEE ATTACHED LIS	2.00	9	FI		50	ш				
LIST	0.00	x						0	0	0
(2) SUSAN V. MANGOLI				ļ						
(2, 2 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	40.00									
EXECUTIVE DIRECTOR	0.00			x				182,825	0	21,938
(3) MARSHA L. LEVICI								-		
(-,	40.00									
DEPUTY DIRECTOR	0.00				x			218,577	0	26,229
(4) JESSICA FEIERMAI										
•	40.00									
STAFF	0.00					X		104,382	0	11,525
(5) JENNIFER POKEMPI	VER									
()	40.00									
STAFF	0.00					X		104,382	0	12,525
(6)										
•					į					
(7)										
•										
(8)										
(9)										
(10)										
	1									
		1	1	1	1	1	1	1	i	I

	(A) Name and title	(B) Average hours per week (list any hours for	(de bo	o not o x, unle	Pos check ess pe	ition more rson i irecto	than c s both r/truste	one i an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
											F0.015
С	Sub-total Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in	ets to Part VII,	Sect	ion .	A	 		▶ ▶ abov	610,166 610,166 ve) who received more than		72,217
3 4 5 Secti	Did the organization list any form employee on line 1a? If "Yes, For any individual listed on line organization and related organization and related organization and related organization individual	ormer officer, dir " complete Sche te 1a, is the sum nizations greater	recto dule of re than crue /es,'	J for J for eport 1 \$15 com	r suc table 50,00 pens	com com 00? i sation	dividi npen If "Ye n froi thedu	ual sations sa	on and other compensation complete Schedule J for sunny unrelated organization of J for such person	from the uch r individual	
1	Complete this table for your fi compensation from the organ	ization. Report c	ensa omp	ated ensa	inde ation	pend for t	dent he c	con aler	ndar year ending with or wit	hin the organization's tax y	/ear.
	Name and	(A) d business address							Descri	(B) ption of services	Compensation
2	Total number of independent received more than \$100,000	contractors (incl	udin	g bu	t not	limit	ted to	o the	ose listed above) who	0	

orm 990 (2016) JUVENILE LAW CENTER

Pa	rt VI	II Statem Check	i ent of Revenu if Schedule O.c	e ontains a	response o	or note to any line	in this Part VIII		
		Official	ii Concado C d	ornanio e	. гозрана	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
							function revenue	revenue	under sections 512-514
t 5	1a	Federated cam	paigns 1	a					
M		Membership du	· · · · · · · · · · · · · · · · · · ·						
Ę		Fundraising ev			184,406				
ar A		Related organiz	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·				
B,		Government grants (
Sign		All other contributions							
here	-	and similar amounts		f 3	,769,158				
Ξō	а	Noncash contribution	s included in lines 1a-1f:						
and Other Similar Amounts	_		s 1a–1f			3,953,564			
					Busn. Code				
ven	2a	ATTORNEY	FEE RECOVERY		541100	1,635	1,635		
&	b								
ا <u>ج</u>	С								
Ser	d								
ag	е								
Program Service Revenue	f	All other progra	am service revenue						
_			s 2a–2f			1,635		I	Ι
	3		ome (including divi			105 000			125 202
			ar amounts)			125,203			125,203
	4		vestment of tax-ex						
	5	Royalties							
		-	(i) Real	(ii) Personal				
		Gross rents							
		Less: rental exps.				-			
	_	Rental inc. or (loss)		<u> </u>					
	d 7a	Net rental inco	(i) Securities	T	(ii) Other				
		sales of assets	(i) Securities		(II) Other				
	L .	other than inventory							
	D	Less: cost or other							
	_	basis & sales exps. Gain or (loss)							
			ss)						
			om fundraising events						
ne	Ju		184,40	6					
Vel			eported on line 1c).	•					
S.			18	a	71,106				
Other Revenue	b		penses	b	71,106				
Ö			(loss) from fundrai	sing events	s				
	l		om gaming activities.						
			19	a]			
	b		penses	b]			
			(loss) from gaming	activities .	>				
	10a	Gross sales of	finventory, less						
		returns and all	owances	а		-			
		-	goods sold	b]			
	С		(loss) from sales of	f inventory					
		Miso	cellaneous Revenue		Busn. Code	_			
	11a								
	b				I				
	C								
	d		nue						
	I		es 11a–11d		[4,080,402	1,635	5 (125,203

23-1976386 Page **10** JUVENILE LAW CENTER Form 990 (2016) **Statement of Functional Expenses** Part IX Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service (C) (A) Total expenses To not include amounts reported on lines 6b, Management and expenses b, 8b, 9b, and 10b of Part VIII. expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 236,860 73,130 401,402 91,412 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,551,244 109,587 215,354 1,226,303 Other salaries and wages Pension plan accruals and contributions (include 39,528 5,430 7,794 52,752 section 401(k) and 403(b) employer contributions) 51,473 35,864 348,405 261,068 Other employee benefits 119,665 23,593 159,697 16,439 Payroll taxes 10 Fees for services (non-employees): Management 4,974 4,974 b Legal 121,203 121,203 Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 415,018 73,124 8,904 497,046 (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 9,659 6,729 48,990 65,378 Office expenses 13 2,344 3,365 22,776 17,067 Information technology 14 Royalties 15 20,373 14,195 103,330 137,898 16 Occupancy 83,537 16,470 11,476 111,483 Travel _____ 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 35,515 35,515 Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 2,891 397 571 3,859 Depreciation, depletion, and amortization 22 22,048 3,029 4,347 29,424 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 44,570 44,570 OTHER DIRECT FUNDRAISING 16,568 16,568 LIBRARY 2,353 11,937 1,640 15,930 **MISCELLANEOUS** All other expenses 2,645,299 492,869 481,956

3,620,124

Total functional expenses. Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (B) (A) End of year Beginning of year Cash—non-interest bearing 350,720 179,761 2 2 Savings and temporary cash investments _____ 1,407,971 222,700 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 73,446 96,158 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 108,615 other basis. Complete Part VI of Schedule D 10a 5,110 86,799 b Less: accumulated depreciation 10b 21,816 10c 5,649,398 5,404,257 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 11,667 15 Other assets. See Part IV, line 11 15 7,397,375 6,090,612 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 171,230 540,301 17 Accounts payable and accrued expenses ______ 17 Grants payable 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities _____ 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties _____ 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 540,301 171,230 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,610,236 2,572,526 Unrestricted net assets 2,346,856 3,246,838 Temporarily restricted net assets 1,000,000 1,000,000 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds ______ 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 6,857,074 5,919,382 33 Total net assets or fund balances

Total liabilities and net assets/fund balances

7,397,375 Form **990** (2016)

6,090,612

23-1976386 Page **12** orm 990 (2016) JUVENILE LAW CENTER Part XI **Reconciliation of Net Assets** Check if Schedule O contains a response or note to any line in this Part XI 4,080,402 Total revenue (must equal Part VIII, column (A), line 12) 2 3,620,124 Total expenses (must equal Part IX, column (A), line 25) 2 460,278 3 Revenue less expenses. Subtract line 2 from line 1 3 5,919,382 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 477,414 5 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 7 7 Investment expenses 8 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 6,857,074 10 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII ... Yes No X Accrual Other Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Consolidated basis Separate basis X 2b b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Both consolidated and separate basis X Separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight X of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2016)

3a

X

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.

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

OMB No. 1545-0047

Open to Public Inspection

lame of the organization

JUVENILE LAW CENTER

Employer identification number 23 – 1976386

Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	าร
ſhe	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12, o	heck only	one box.)	
1		A church, cor	nvention of churches, or ass	ociation of churches described i	n section	170(b)(1)(A)(i).	
2	П			A)(ii). (Attach Schedule E (Form				
3	П			ce organization described in sec			ii).	
4	Н			d in conjunction with a hospital of				ospital's name,
7		city, and state	a:					,
5				of a college or university owned				
J		-	b)(1)(A)(iv). (Complete Part		or operati	ou by a go	, commontar anni acconscioni	
6	П			overnmental unit described in s	ection 17	0(b)(1)(A)(v).	
7	X			substantial part of its support from				:
'		-	section 170(b)(1)(A)(vi). (Co		J a go		a.m. o. m. o.m. a.r. g. o.m. p. o.m.	
8				70(b)(1)(A)(vi). (Complete Part	:11.)			
9	Н			cribed in section 170(b)(1)(A)(i		ed in coni	unction with a land-grant colleg	ge
Ī		or university	or a non-land grant college of	of agriculture (see instructions).	Enter the	name, cit	y, and state of the college or	
		university:						
10		An organizati	ion that normally receives: (1) more than 33 1/3% of its supp	ort from	contributio	ons, membership fees, and gro	oss
		receipts from	activities related to its exem	pt functions—subject to certain	exception	ns, and (2	e) no more than 33 1/3% of its	
				nd unrelated business taxable in				
				0, 1975. See section 509(a)(2)				
11				exclusively to test for public safe				000
12	Ш	An organizati	on organized and operated	exclusively for the benefit of, to cations described in section 50	periorm ti NaVA) or	ne function section s	ns or, or to carry out the purpo	31 31
		Check the ho	re publicly supported organiz ov in lines 12a through 12d th	nat describes the type of suppor	ting organ	nization a	nd complete lines 12e. 12f. an	d 12a.
	_			erated, supervised, or controlled				
	а			ver to regularly appoint or elect				9
				omplete Part IV, Sections A a				
	b			pervised or controlled in connec		its suppo	ted organization(s), by having	
		control or	r management of the suppor	ting organization vested in the s	same pers	sons that	control or manage the support	ed
		organizat	tion(s). You must complete	Part IV, Sections A and C.				
	С	Type III f	functionally integrated. A s	upporting organization operated tructions). You must complete	in conne	ection with	, and functionally integrated w A, D, and E.	ith,
	d			I. A supporting organization ope				on(s)
				e organization generally must sa				
		requirem	ent (see instructions). You r	nust complete Part IV, Section	ns A and	D, and P	art V.	
	е			eived a written determination from			s a Type I, Type II, Type III	
	_		, , ,,	n-functionally integrated suppor	ting orgar	lization.		
	f		nber of supported organizati					
	g		T	ne supported organization(s).	(ha) la tha a	ination	(a) Amount of monotons	(vi) Amount of
(•	ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10	1 ' '	organization or governing	(v) Amount of monetary support (see	other support (see
	01;	gamzatori		above (see instructions))	1 .	ment?	instructions)	instructions)
					Yes	No	101.014.44.40	
(A)								
(B)								
(C)								
(D)								
(E)					 			
ν-/								
Tota	al							

Page 2

Schedule A (Form 990 or 990-EZ) 2016

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							
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,768,653	1,580,459	3,106,374	2,459,314	3,953,	564	13,868,364
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	2,768,653	1,580,459	3,106,374	2,459,314	3,953	,564	13,868,364
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)							5,773,885
6	Public support. Subtract line 5 from line 4.							8,094,479
	tion B. Total Support				Г			
Caler	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
7	Amounts from line 4	2,768,653	1,580,459	3,106,374	2,459,314	3,953	,564	13,868,364
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	170,973	122,327	99,256	114,386	125	,203	632,145
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.)	32,173	39,093		189,561	71	,106	331,933
11	Total support. Add lines 7 through 10							14,832,442
12	Gross receipts from related activities, etc.	(see instructions)					12	1,052,180
13	First five years. If the Form 990 is for the	organization's firs						
	organization, check this box and stop her							▶
Sec	tion C. Computation of Public S	upport Percen	tage					
14	Public support percentage for 2016 (line 6	6, column (f) divide	d by line 11, colum	nn (f))			14	54.57%
15	Public support percentage from 2015 Sch	edule A, Part II, lin	e 14			L	15	58.71%
16a	33 1/3% support test—2016. If the organ				33 1/3% or more, o	check this		. .
	box and stop here. The organization qua	lifies as a publicly s	supported organiza	ation				▶ 🗓
b	33 1/3% support test—2015. If the organ				15 is 33 1/3% or m	ore, check		
	this box and stop here. The organization							L
17a	10%-facts-and-circumstances test—20							
	10% or more, and if the organization mee							
	Part VI how the organization meets the "forganization							>
b	10%-facts-and-circumstances test—20							
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization m							_
	supported organization				ook this bay and -			
18	Private foundation. If the organization di							L
	instructions							

Page 3

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	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 organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
500	tion B. Total Support	<u> </u>					******	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
9	Amounts from line 6	(a) 2312	(2) 20 10	(,,=:::				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	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.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the organization, check this box and stop he				ear as a section 50		>	
Sec	ction C. Computation of Public S							
15	Public support percentage for 2016 (line			nn (f))			15	%
16	Public support percentage from 2015 Sch						16	%
Sec	ction D. Computation of Investme						 	
17	Investment income percentage for 2016			3, column (f))			17	%
18	Investment income percentage from 201	5 Schedule A, Part	: III, line 17				18	%
19a	33 1/3% support tests—2016. If the orga	anization did not ch	heck the box on lir	e 14, and line 15	s more than 33 1/3	3%, and line		Г
	17 is not more than 33 1/3%, check this b	oox and stop here	. The organization	qualifies as a pub	licly supported org	anization		L
b	33 1/3% support tests—2015. If the organization	anization did not ch	heck a box on line	14 or line 19a, an	d line 16 is more th	nan 33 1/3%, an	d	Г
	line 18 is not more than 33 1/3%, check t	his box and stop h	nere. The organiza	ition qualifies as a	publicly supported	l organization		L
20	Private foundation. If the organization d	id not check a box	on line 14, 19a, o	r 19b, check this b	ox and see instruc	tions		L

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing 1 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? 8 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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
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Schedu	lle A (Form 990 or 990-EZ) 2016 JUVENILE LAW CENTER	23-1976386	Page	e 5
	Supporting Organizations (continued)			
			Yes No	0
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part	<i>VI.</i> 11c		
	on B. Type I Supporting Organizations			
	71 11 5 5		Yes No	0
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ı		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	***************************************	
2	Did the organization operate for the benefit of any supported organization other than the supported			
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,	2	***************************************	666666
Coot	supervised, or controlled the supporting organization.			
Sect	ion C. Type II Supporting Organizations		Yes No	
	the state of the directors		162 14	<u> </u>
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	4		88888
	the supported organization(s).	1		—
Sect	ion D. All Type III Supporting Organizations		V N	
			Yes N	·
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 price			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of t			
	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 h			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		2000000
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	t entity (see instructions).		
		,		
2	Activities Test. Answer (a) and (b) below.	f	Yes N	lo
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	d		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mor	e		
~	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		2000000
•	Parent of Supported Organizations. Answer (a) and (b) below.			
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	Did the diganization have the power to regularly appoint or elect a majority of the diffects, directors, or	\$0000000}		A440000

3a

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	aniza	tions	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20,	1970 (explain in Part VI). S e	e				
instructions. All other Type III non-functionally integrated supporting organizations mus	t com	olete Sections A through E.					
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3.	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or							
collection of gross income or for management, conservation, or							
maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7						
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8						
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see							
instructions for short tax year or assets held for part of year):							
a Average monthly value of securities	1a						
b Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d						
e Discount claimed for blockage or other							
factors (explain in detail in Part VI):							
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,							
see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by .035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to							
emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functionally integrated	Type I	II supporting organization (see				
inetructions)	•	5 5 (

Page 7

	Type III Non-Functionally Integrated 509(a)(3) S		ions (continued)	1 age 1
Part	Current Year			
	on D - Distributions Amounts paid to supported organizations to accomplish exempt purpos	98		<u> </u>
	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes			
2	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purposes of suppo			
<u>3</u>	Administrative expenses paid to accomplish exempt purposes or suppose Amounts paid to acquire exempt-use assets	rtea organizatione		
 5	Qualified set-aside amounts (prior IRS approval required)			
_ 6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
 8	Distributions to attentive supported organizations to which the organization	tion is responsive		10.7
	(provide details in Part VI). See instructions.	,		
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	anio o announ annaou ay anio a anio ani	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	,		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
С	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
<u>i</u> _	Carryover from 2011 not applied (see instructions)			
ــنــ	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
O	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
'	and 4c.			
	Breakdown of line 7:			
<u> </u>	Dicardown of line 7.			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

Schedule A (Form	n 990 or 990-EZ) 2016	JUVENILE	LAW C	ENTER		23-1976386	Page 8
Part VI	Supplemental Info III, line 12; Part IV, S B, lines 1 and 2; Pa 3a and 3b; Part V, li	rmation. Provide Section A, lines 1 rt IV, Section C, ne 1; Part V, Se	e the exp , 2, 3b, line 1; P ction B, l	planations requ 3c, 4b, 4c, 5a, art IV, Section ine 1e; Part V,	6, 9a, 9b, 9c, 11a, 11 D, lines 2 and 3; Part	r; Part II, line 17a or 17 b, and 11c; Part IV, So IV, Section E, lines 10 and 8; and Part V, Se ructions.)	ection c, 2a, 2b,
PART I	I, LINE 10 -	OTHER INCO	ME DI	ETAIL			
FUNDRA	ISERS			\$	331,933		
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Schedule B Form 990, 990-EZ, or 990-PF)

repartment of the Treasury

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Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

2016

JUVENILE LA	W CENTER	23-1976386
Organization type (chec	cone):	
ilers of:	Section:	
⁻ orm 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation
	501(c)(3) taxable private foundation	
Note: Only a section 501 nstructions. 3eneral Rule	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule at	nd a Special Rule. See
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contrib y or property) from any one contributor. Complete Parts I and II. See instruc contributions.	
Special Rules		
regulations unde 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 and that received from any one contributor, during the year, total contribution of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1.	90 or 990-EZ), Part II, line ns of the greater of (1)
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that g the year, total contributions of more than \$1,000 exclusively for religious, c tional purposes, or for the prevention of cruelty to children or animals. Comp	charitable, scientific,
contributor, durin contributions tota during the year fo General Rule ap	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that g the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, aled more than \$1,000. If this box is checked, enter here the total contribution or an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the plies to this organization because it received <i>nonexclusively</i> religious, charitation remore during the year	but no such ons that were received he parts unless the table, etc., contributions
990-EZ, or 990-PF), but i	n that isn't covered by the General Rule and/or the Special Rules doesn't file t must answer "No" on Part IV, line 2, of its Form 990; or check the box on I 2, to certify that it doesn't meet the filing requirements of Schedule B (Form	line H of its Form 990-EZ or on its

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

lame of organization
JUVENILE LAW CENTER

Employer identification number 23 – 1976386

Part I	Contributors (See instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	THE HORACE W. GOLDSMITH FOUNDATION 375 PARK AVENUE NEW YORK NY 10152	\$ 400,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PUBLIC WELFARE FOUNDATION 1200 U STREET, NW WASHINGTON DC 20009	\$ 630,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
3	JOHN D. CATHERINE T. MACARTHUR FND 140 SOUTH DEARBORN STREET STE 1200 CHICAGO IL 60603	\$ 150,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4 ANNIE E. CASEY FOUNDATION 501 ST PAUL STREET BALTIMORE MD 21202	Total contributions \$ 106,206	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE TOW FOUNDATION C/O 1315 WALNUT PHILADELPHIA PA 19107	\$ 200,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE ROSEWATER FUND 1650 MARKET STREET SUITE 1200 PHILADELPHIA PA 19103	\$ 90,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

lame of organization

JUVENILE LAW CENTER

Employer identification number 23 – 1976386

Part I	Contributors (See instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	LAURA & JOHN ARNOLD FOUNDATION 1450 BROAD STREET HOUSTON TX 77056	\$ 1,343,771	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CONRAD N. HILTON FOUNDATION 30440 AGOURA ROAD AGOURA HILLS CA 91301	\$ 200,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2016

Open to Public Inspection

epartment of the Treasury iternal Revenue Service Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

f the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

f the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

f the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• S	• Section 501(c)(4), (5), or (6) organizations: Complete Part III.					
lame	e of organization			Employer identification number		
	JUVENILE LAW CENTER			23-19763		
Par	t I-A Complete if the organization is exem	pt under section 501(c)	or is a section	n 527 organizatio	<u>n</u>	
1	Provide a description of the organization's direct and indirect	ct political campaign activities i	n Part IV. (see ins	tructions for		
	definition of "political campaign activities")					
2	Political campaign activity expenditures (see instructions)					
3	Volunteer hours for political campaign activities (see instruc	etions)	(2)			
Par	t I-B Complete if the organization is exem					
1	Enter the amount of any excise tax incurred by the organization	ation under section 4955				
2	Enter the amount of any excise tax incurred by organization					
3	If the organization incurred a section 4955 tax, did it file For					
	Was a correction made?				Tes No	
********	If "Yes," describe in Part IV. -C Complete if the organization is exem	nt under section 501(c)	ovcent section	on 501(c)(3)		
				011 30 1(C)(3).		
1	Enter the amount directly expended by the filing organization			b ¢		
_	activities	and to other experience for o	ootion	• • · · · · · ·		
2	Enter the amount of the filing organization's funds contribut			▶ ¢		
_	527 exempt function activities	or here and an Earm 1120 POI		ΨΨ		
3				▶ \$		
	line 17b	 n		ΨΨ	Yes No	
4	Did the filing organization file Form 1120-POL for this year Enter the names, addresses and employer identification nu	f	olitical organization	ns to which the filing		
5	organization made payments. For each organization listed,	ontor the amount paid from th	e filina organizatio	n's funds. Also enter		
	the amount of political contributions received that were pro	mothy and directly delivered to	e illing organizatio a senarate nolitica	Lorganization such		
	as a separate segregated fund or a political action committee	op (PAC). If additional space is	a separate politica s needed provide	information in Part IV.		
		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political	
	(a) Name	(b) Address	(0) 2	filing organization's	contributions received and	
				funds. If none, enter -0	promptly and directly delivered to a separate	
					political organization. If	
					none, enter -0	
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23-1976386 Schedule C (Form 990 or 990-EZ) 2016 JUVENILE LAW CENTER Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under Part II-A section 501(h)). if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's A Check ► name, address, EIN, expenses, and share of excess lobbying expenditures). if the filing organization checked box A and "limited control" provisions apply. Check ▶ (b) Affiliated Limits on Lobbying Expenditures organization's totals group totals (The term "expenditures" means amounts paid or incurred.) 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns

Columns.		***************************************	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
 Grassroots nontaxable amount (enter 25% o	f line 1f)		
Culturation for from line to if you or look			

- h Subtract line 1g from line 1a. If zero or less, enter -0-
- i Subtract line 1f from line 1c. If zero or less, enter -0-

reporting section 4911 tax for this year?

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

Yes	No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

	Lobbying Expendit	ures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

ichedule C (Form 990 or 990-EZ) 2016 JUVENILE LAW CENTER 23-1976386 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed No **A**mount Yes lescription of the lobbying activity.

1	buring the year, did the filling organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
С	Media advertisements?		X	
d	Mailings to members, legislators, or the public?	X		250
	Publications, or published or broadcast statements?		X	AND THE PROPERTY OF THE PROPER
	Grants to other organizations for lobbying purposes?		X	
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		250
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?		X	
j	Total. Add lines 1c through 1i			500
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912		_	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		.	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	# III A Complete if the organization is exempt under section 501(c)(4), section 501(or se	ction

501(c)(6).

			res	NO
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-B 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year	2b	
	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Dues, assessments and similar amounts from members

SCHEDULE	\mathbf{c}	PART	TT-B	LINE	1
	.	T 277.7			_

JUVENILE	LAW	CENTER	LOBBYING	EXPENSE	IS	DE	MINIMUS	FOR	STATE	AND	FEDERAL
LOBBYING.											

SCHEDULE D Form 990)

epartment of the Treasury nternal 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.

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

OMB No. 1545-0047 Open to Public

Employer identification number ame of the organization

Inspection

JΤ	VENILE LAW CENTER		23-1976386
Pa		nds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	l .	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised	
	funds are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or don	or advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	
	Protection of natural habitat	Preservation of a certified histor	ic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a cons	ervation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17	7/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organiz	ation during the
	tax year ▶		
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mo		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation	easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	olations, and enforcing conservation ease	ements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)	
9	In Part XIII, describe how the organization reports conservation easer	nents in its revenue and expense stateme	ent, and
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that	describes the
000044000	organization's accounting for conservation easements.	Listeriaal Trassuras or Other	r Similar Assots
Pa	rt III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on	Form 990 Part IV line 8	Sillilai Assets.
			t halance sheet
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), works of art, historical treasures, or other similar assets held for public	c exhibition education or research in furf	therance of
	public service, provide, in Part XIII, the text of the footnote to its finan-	cial statements that describes these item	S.
	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and ba	lance sheet
b	works of art, historical treasures, or other similar assets held for publi	c exhibition education or research in furf	therance of
	public service, provide the following amounts relating to these items:	o exhibition, oddoddion, or recearer in ter-	
			> \$
	(i) Revenue included on Form 990, Part VIII, line 1(ii) Assets included in Form 990, Part X		
•	If the organization received or held works of art, historical treasures, or	or other similar assets for financial gain. c	provide the
2	following amounts required to be reported under SFAS 116 (ASC 958		-
_	Revenue included on Form 990, Part VIII, line 1		> \$
a	Assets included in Form 990, Part X		\$
<u>b</u>	Assets induded in Form 350, Fart A		O-1

	Page	2

Pa	rt III — Organizations Maintaining	Collections of A	rt, Historical Tre	asures, or Other	Simila	ar Ass	sets (d	continu	ed)	
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other records, o	check any of the follow	wing that are a signific	ant use	of its				
а	Public exhibition	d Lo	an or exchange progra	ams						
b	Scholarly research	e Oti	her							
С	Preservation for future generations	Vanorend								
	Provide a description of the organization's co	ollections and explain he	ow they further the org	ganization's exempt p	urpose i	n Part				
	XIII.									
	During the year, did the organization solicit of	r receive donations of a	art, historical treasure	s, or other similar						,
	assets to be sold to raise funds rather than to	o be maintained as part	t of the organization's	collection?				Ye	s	No
Pa	rt IV Escrow and Custodial Arr	angements.								
20000000	Complete if the organization 990, Part X, line 21.	n answered "Yes" o	on Form 990, Part	IV, line 9, or repo	orted a	n amo	ount or	Form		
1a	Is the organization an agent, trustee, custod	an or other intermediar	y for contributions or	other assets not						-
								Ye	s	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	wing table:		_					
								Amount		
С	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance				1	1f				
2a	Did the organization include an amount on F	orm 990, Part X, line 2	1, for escrow or custo	dial account liability?				Ye		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the expl	lanation has been pro	vided on Part XIII						
	rt V Endowment Funds.									
	Complete if the organization	n answered "Yes" c	on Form 990, Part	t IV, line 10.			r			
		(a) Current year	(b) Prior year	(c) Two years back		ee years l		(e) Four		
1a	Beginning of year balance	2,333,583	2,190,999	2,221,076	1	<u>,927</u>	,512	1,7	18,	874
b	Contributions									
С	Net investment earnings, gains, and						1			
	losses	199,730	196,981	-24,953		349	,142		208,	638
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs	629,460	54,397	5,124		55	,578			
f	Administrative expenses									F10
g	End of year balance	1,903,853	2,333,583	2,190,999	2	,221	,076	1,	927	,512
2	Provide the estimated percentage of the cur		(line 1g, column (a)) h	ield as:						
	Board designated or quasi-endowment ▶	%								
	Permanent endowment ► 47.00 %									
С	, c	3.00 %								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organization	on that are held and a	administered for the				1		T
	organization by:							[a (i)	Yes	
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the		ment funds.							
Pa	art VI Land, Buildings, and Equ	ipment.	E 000 D	LD/ 15- 44- C		000	Dort V	lina 1	Λ	
	Complete if the organizatio		I							
	Description of property	(a) Cost or other bas	1		Accumulate preciation			(d) Book	value	
		(investment)	(other	-) de	preciation	**********	<u> </u>			
1a	Land						<u> </u>			
	Buildings						+			
С	Leasehold improvements			0 615	21	,816	-		86	799
d	Equipment		10	08,615	<u> </u>	, 010	<u>'</u>		<u> </u>	193
е	Other	.	(loss (B) " 12						86	799
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part >	x, column (B), line 10	u.)		<u></u> ▶			<u> </u>	, , ,

	omi 990) 2016 OOVERTIER ENW CERTER		20 27:00 0
Part VII	Investments—Other Securities.	- 000 D. (IV/	the 44h Cas Form 000 Port V line 12
	Complete if the organization answered "Yes" on I		
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
1) Financial of	derivatives		
2) Closely-he	ld equity interests		
3) Other			
(A)			And the second s
(0)			
/ E\			
(0)			
(1.1)			
	n (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:
	(a) Dooripated of missessing		Cost or end-of-year market value
(4)			
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
***************************************	n (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.	000 Dt IV	line 44d Can Form 000 Port V line 15
	Complete if the organization answered "Yes" on	Form 990, Part IV,	(b) Book value
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on	Form 990, Part IV,	line 11e or 11f. See Form 990, Part X,
	line 25.	-	
1.	(a) Description of liability	(b) Book value	
(1) Federal	income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

(8)			
(9)	n (b) must equal Form 990, Part X, col. (B) line 25.) ▶		
2 Linhille f	uncertain tax positions. In Part XIII, provide the text of the foo	tnote to the organization	n's financial statements that reports the
Liability for	uncertain tax positions. In Fart Ain, provide the text of the 100	anote to the organization	15 ililaticiai statements that reports the

Pa	art XI Reconciliation of Revenue per Audited Financial S			
	Complete if the organization answered "Yes" on Form			4 555 016
1	Total revenue, gains, and other support per audited financial statements \dots		1	4,557,816
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	400 444	
	Net unrealized gains (losses) on investments		477,414	
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		488 414
е	Add lines 2a through 2d		2e	477,414
3	Subtract line 2e from line 1		3	4,080,402
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а				
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			4 000 400
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			4,080,402
Pŧ	art XII Reconciliation of Expenses per Audited Financial			
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12	2a	2 600 104
1			1	3,620,124
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С		1 20 1		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			3,620,124
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	3,620,124
Pa	art XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			e
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to		formation.	
P	ART V, LINE 4 - INTENDED USES FOR ENDO	WMENT FUNDS		
T	HE ZUBROW ENDOWMENT IS TO PROVIDE A YE	ARLY FELLOWS	HIP IN CHILDR	EN'S LAW.
T	HE FELLOW IS GIVEN THE OPPORTUNITY TO	ENGAGE IN A	WIDE VARIETY	OF ADVOCACY
E	FFORTS ON BEHALF OF CHILDREN IN THE DE	LINQUENCY AN	D DEPENDENCY	SYSTEM.
\mathbf{z}	UBROW FELLOWS ARE INVOLVED IN TRAINING	, LEGISLATIV	E EFFORTS, LI	TIGATION,
• • • •				
P	OLICY WORK AND SOME DIRECT REPRESENTAT	ION ON A VAR	IETY OF JUVEN	ILE ISSUES.
• • • •				
• • • •				

3CHEDULE G Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

epartment of the Treasury Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. iternal Revenue Service

lame of the organization JUVENILE LAW CENTER Part I

Employer identification number 23-1976386 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (or retained by) (or retained by) (iv) Gross receipts (i) Name and address of individual custody or (ii) Activity from activity fundraiser listed in organization or entity (fundraiser) control of col. (i) contributions Yes No **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

2

3

6

7

8

9

10

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts g	reater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Tatal avanta
			LEADERSHIP PRIZ		NONE	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
Kevenue	1	Gross receipts	255,512			255,512
	2	Less: Contributions	184,406			184,406
		Gross income (line 1 minus line 2)	71,106			71,106
	4	Cash prizes	15,000			15,000
	5	Noncash prizes	1,500			1,500
es		Rent/facility costs	9,805			9,805
=xbens	7	Food and beverages	31,221			31,221
Direct Expenses		Entertainment	848			848
	Ì	Other direct expenses	12,732			12,732
			A LLU A U	٦/	•	71,106
			. Add lines 4 through 9 in column (oubtract line 10 from line 3, column (
P		III Gaming. Com	plete if the organization ansv	wered "Yes" on Form 990,	Part IV, line 19, or repo	orted more
	Ι	than \$15,000 c	on Form 990-EZ, line 6a.	(b) Pull tabs/instant	T	(d) Total gaming (add
une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
Expenses	2	Cash prizes				
t Expe	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Other direct expenses Volunteer labor	Yes % No	Yes %	Yes %	0
	6	Volunteer labor	I 🗂	No	No	
	6	Volunteer labor Direct expense summary	No	d)	No No	
	6 7 8	Volunteer labor Direct expense summary Net gaming income sum	No Add lines 2 through 5 in column (mary. Subtract line 7 from line 1, co	d)	No b	
9	6 7 8	Volunteer labor Direct expense summary Net gaming income sum nter the state(s) in which th	No Add lines 2 through 5 in column (mary. Subtract line 7 from line 1, co e organization conducts gaming ac	No d) clumn (d) citivities:	No b	
a	6 7 8 Er	Volunteer labor Direct expense summary Net gaming income sum nter the state(s) in which th	No Add lines 2 through 5 in column (mary. Subtract line 7 from line 1, co	No d) clumn (d) citivities:	No b	
a	6 7 8 Er	Volunteer labor Direct expense summary Net gaming income sum nter the state(s) in which th the organization licensed t	No Add lines 2 through 5 in column (mary. Subtract line 7 from line 1, co e organization conducts gaming ac	No blumn (d) ctivities:	No b	Yes No
t	6 7 8 Er s ls	Volunteer labor Direct expense summary Net gaming income summenter the state(s) in which the organization licensed to "No," explain:	No Add lines 2 through 5 in column (mary. Subtract line 7 from line 1, co e organization conducts gaming ac	No blumn (d) ctivities: n of these states?	No No	Yes No
10a	6 7 8 Erra Is	Volunteer labor Direct expense summary Net gaming income summenter the state(s) in which the organization licensed to "No," explain:	No Add lines 2 through 5 in column (mary. Subtract line 7 from line 1, co e organization conducts gaming ac o conduct gaming activities in each	No blumn (d) ctivities: n of these states?	No No	Yes No
10a	6 7 8 Erra Is	Volunteer labor Direct expense summary Net gaming income sum Inter the state(s) in which the the organization licensed to "No," explain: Tere any of the organization	No Add lines 2 through 5 in column (mary. Subtract line 7 from line 1, co e organization conducts gaming ac o conduct gaming activities in each	No blumn (d) ctivities: n of these states?	No No	Yes No

che	edule G (Form 990 or 990-EZ) 2016 JUVENILE LAW CENTER	23-1976386	Page 3
1	Does the organization conduct gaming activities with nonmembers?		Yes No
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
_	formed to administer charitable gaming?		Yes No
3	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility		%
4	Enter the name and address of the person who prepares the organization's gaming/special events books and		
•	records:		
	Name ▶		
	Address ►		
5a	Does the organization have a contract with a third party from whom the organization receives gaming	Г	□ was □ Na
	revenue?	L	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and	1 the	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ▶		
	Address ►		
6	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
7	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	r	
	retain the state gaming license?	L	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$		
²a⊨	Supplemental Information. Provide the explanations required by Part I, line 2b, col Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional explanations required by Part II, lines 2b, col Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional explanations.	umns (III) and (v); a tional information.	and
	See instructions		

3CHEDULE J Form 990)

epartment of the Treasury nternal Revenue Service

ame of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047

Open to Public Inspection

JUVENILE LAW CENTER

Employer identification number 23-1976386

	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 Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Discretionary spending account Personal services (such as, maid, chauffeur, chef)		Yes	No
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef)			
b	First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account Housing allowance or residence for personal use Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef)			
b	Travel for companions Tax indemnification and gross-up payments Discretionary spending account Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef)			
b	Tax indemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef)			
b	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b				
b	If the second se			
J	it any of the poyes on line 1a are checked, did the organization tollow a written bolicy redarding dayliterit			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
		1b		
	explain			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
		2		
	1a?			
_	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
3				
	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 X 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:			37
а		4a		X
b		4b		X
С		4c	**********	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
			4	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		1	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
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:	5a		x
а	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: The organization?	5a 5b		X X
а	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			_
а	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: The organization? Any related organization?			_
а	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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III.			_
a b	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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			_
a b	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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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:			X
a b	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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: The organization?	5b		X
a b	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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: The organization? Any related organization?	5b 6a		X
a b	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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: The organization?	5b 6a		X
a b 6 a b	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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	5b 6a		X
a b	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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	5b 6a		X
a b 6 a b	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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	5b 6a 6b		X X X
a b 6 a b	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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	5b 6a 6b		X X X
a b 6 a b	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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	5b 6a 6b		x x x
a b 6 a b	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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	5b 6a 6b		X X X
a b 6 a b	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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	5b 6a 6b		x x x

23-1976386

JUVENILE LAW CENTER

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2016

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

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

	(B) Breakdown o	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
SUSAN V. MANGOLD			0	9,141	12,797	204,763	0
OR	(ii)	0	0	0	0	0	0
MARSHA L. LEVICK	218,577	0	0	10,929	15,300	244,806	0
2 DEPUTY DIRECTOR	(ii)		0	- 1			0
	(1)						
3	(ii)						
	(9)						
9	(III)						
)) 2	(II)						
	(II)						
	(II)						
	(ii)						
	(i)						
	(u) (i)						
	(ii)						
	(II) (I)						
	(II) (I)						
	(1)						
						3	Schodule 1 (Form 990) 2016

SCHEDULE O Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 2016

epartment of the Treasury iternal Revenue Service

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

Open to Public Inspection

lame of the organization

JUVENILE LAW CENTER

Employer identification number 23-1976386

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS RECEIVES AN ELECTRONIC
COPY OF FORM 990 FOR REVIEW AND APPROVAL AS PART OF THE ANNUAL AUDIT
PROCESS. FOLLOWING THAT, A COMPLETE ELECTRONIC COPY OF FORM 990 IS SENT TO
THE FULL BOARD PRIOR TO FILING.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE EXECUTIVE DIRECTOR MONITORS THE CONFLICT OF INTEREST POLICY ON AN ON-
GOING BASIS THROUGHOUT THE YEAR.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MEETS IN EXECUTIVE
SESSION TO REVIEW AND SET THE EXECUTIVE DIRECTOR'S ANNUAL COMPENSATION,
USING ALL NECESSARY DATA TO ESTABLISH A FAIR AND APPROPRIATE SALARY FOR THE
TOP MANAGEMENT OFFICIAL IN AN AGENCY THE SIZE AND COMPLEXITY OF THE
JUVENILE LAW CENTER.
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THERE ARE NO OTHER OFFICERS WHO ARE COMPENSATED OR KEY EMPLOYEES AS DEFINED
BY FORM 990 INSTRUCTIONS, HOWEVER THE SAME METHODS DESCRIBED ABOVE ARE IN
PLACE FOR DETERMINING THE SALARIES OF ALL JLC EMPLOYEES.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
JLC MAKES ITS GOVERNING DOCUMENTS, POLICY STATEMENTS AND FINANCIALS
AVAILABLE TO THE PUBLIC UPON REQUEST.

The Philadelphia Building 1315 Walnut Street, Suite 400 Philadelphia, PA 19107 215.625.0551 = 215.625.2808 fax 800.875.8887 = www.jlc.org

' Program Summary of New Funding September 1, 2016- August 31, 2017

Juvenile Law Center was successful in securing several new grants from national foundations during Fiscal Year 2017 to fund our work on behalf of youth in the justice and child welfare systems. When possible, we sought multi-year grants to provide for fiscal stability and planning.

In FY 2016, we were awarded an initial year of funding from the Laura and John Arnold Foundation to do a national report on costs and fees in the juvenile justice system. In FY 2017, the Arnold Foundation awarded us a three-year grant of \$1,293,771 to work in up to five jurisdictions to advocate against abusive costs and fees. In each jurisdiction, we will determine the best strategy or combination of strategies, including litigation, to eliminate abusive costs and fees.

The Public Welfare Foundation also awarded us a three-year grant. They provided \$630,000 for our litigation in Wisconsin to ban the use of solitary confinement and other abusive conditions such as strip searches, use of pepper spray and physical restraints at two large facilities. The funding also supports our work to address transfer of youth to adult court and long sentences for youth in the justice system.

We received \$200,000 in a two year, three partner grant with Education Law Center and the ABA Center on Children and the Law from the Conrad Hilton Foundation. The grant funds us to work on education for youth in foster care in New York City and at the state level in New York State.

The Goldsmith and Tow Foundations awarded us 2-year grants of \$400,000 and \$200,000, respectively, for our work. These are time restricted but not purpose restricted grants. The Philadelphia Foundation gave us \$35,000 to generally support our Philadelphia-based work and the Fels Fund gave us \$25,000, also for Philadelphia-based work.

Juvenile Law Center

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