## Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

			renuar year, or tax year begin			, and e	enaing			
		applicable:		cial Education Project	<u> </u>		D E	mployer identif	fication number	
LJ 4	Address (	change	Doing business as			1				
$\Box$	Name cha	ange	Number and street (or P.O. box i	f mail is not delivered to s	treet address)	Room/suite		166871		
			3220 N Street NW	A REPORT OF THE PROPERTY OF TH		268	E To	E Telephone number		
	Initial retu	ırn	City or town		State	ZIP code	(561)	563-3547		
	inal return	/terminated	Washington		DC	20007		000 0017	· · · · · · · · · · · · · · · · · · ·	
			Foreign country name	Foreign province/state	county	Foreign posta	al code			
<u></u>	Amended	return					I G G	ross receipts \$	9,469,500	
	Application	on pending	F Name and address of principal of	fficer:			H(a) Is this a grou	up return for subor	rdinates? Yes X No	
			Daniel Casey 3220 N Stree	t. NW Ste. 268 Was	shington DC	20007		ordinates inclu		
, ,		-1-1-1		1909000000			The second secon	tach a list. (see		
	ax-exem			) <b>4</b> (insert no.)	4947(a)(1	) or 527	11 140. at	lacii a iisi. (see	instructions)	
<u>J 1</u>	Vebsite	: ► N/A					H(c) Group exe	emption number	<b>D</b>	
KF	orm of or	rganization	X Corporation Trust	Association 0	ther >	LY	ear of formation:	2004 M	State of legal domicile: VA	
	art l	Su	mmary		***************************************			2004	VA	
	1		describe the organization's m	ianian ar mant ainait	iooot sativitis	The	1		11 1	
Φ	1						Judicial Educ	ation Project	t has been	
and			hed for charitable and educa				icate the			
Governance			n the role of the Judiciary as							
3Ve	2	Check t	his box 🕨 if the organiz	zation discontinued i	ts operations	or disposed	d of more than	25% of its i	net assets.	
Ö	3	Number	r of voting members of the go	overning body (Part	VI, line 1a).			3	2	
مخ ۱۵	4	Number	r of independent voting mem	bers of the governing	g body (Part	VI. line 1b)		. 4	1	
ţ.	5		umber of individuals employe						3	
Activities &	6		umber of volunteers (estimate						<u> </u>	
Ac	7a								0	
	Total division seemed from the continue of the								0	
	-	TTC: UIII	Cided business taxable inco	ine noni i oini ooo	1,1110 04.			. 7b Year	Current Year	
	8	Contrib	utions and grants (Part VIII, I	ino 1h)			11101			
Revenue	9							12,375,000		
9	140						0			
Re	10							0		
110070	11		evenue (Part VIII, column (A)					0		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)					12,375,000			
	13		and similar amounts paid (Pa					2,865,000		
	14		s paid to or for members (Pa			e e le e		0		
es	15		s, other compensation, employe					362,485	581,176	
Expenses	16a		sional fundraising fees (Part I					0	0	
хbе	b	Total fu	indraising expenses (Part IX,	column (D), line 25	) ▶		0			
Ш	17	Other e	expenses (Part IX, column (A	), lines 11a-11d, 11	f-24e)	,		6,981,120	7,777,977	
	18	Total ex	xpenses Add lines 13-17 (m	ust equal Part IX. co	olumn (A), lin	e 25)		10,208,605		
	19	Revenu	ue less expenses. Subtract lin	ne 18 from line 12				2,166,395		
50	69						Beginning of	Current Year	End of Year	
Net Assets or	20	Total as	ssets (Part X, line 16)			v 10 101 0		2,227,455		
Asa	21	Total lia	abilities (Part X, line 26)					0		
Z S	22		sets or fund balances. Subtra			10 · 10 · 10 · 10 · 10 · 10 · 10 · 10 ·		2,227,455		
The same of	art II		gnature Block	ot mo 21 mon mo		·		2,221,700	111,542	
		ties of nerit	ary. I declare that I have examined this	s return, including accomp	anvino schedule	s and statemen	te and to the had	of my knowled	00	
			rect, and complete Deglaration of pre						ýc.	
2000			1/1/	/	_			ĺ		
	gn	17	Signature of officer		Ω			Date	1 ,	
He	ere		Daniel L	- Casev	Preside	· 4		(1/	10/12	
			Type or print name and title	- r cajey,	11.7190	<u> </u>			10110	
		100	nt/Type preparer's name	Preparer's s	innature		Date	<del> ·</del>	PTIN	
D-	,i.d		my The highers a traine			0 1		Check	if Pill	
	aid	_ T	Raymond Conlon	/ho.	mas R.	onlo	11/6/20		ployed P01486002	
	epare	1	m's name Donlon and Ass	ociates LI C				s EIN ►		
US	se Onl	y	m's address > P.O. Box 6213,		0016.6212				-598-6851	
		1 -11	ms address ► F.U. DUX 0213,	OUVEL OPHING, WID Z	0210-0212		Phon	C 110. 3U 1-	-000-0001	

d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

e Total program service expenses ▶ 11,017,241

Form 990 (2017)

If "Yes," complete Schedule G, Part III.

arı	Checklist of Required Schedules			
4	le the organization described in section 501(a)(2) or 4047(a)(1) (other than a private foundation)? If "Vea "		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Χ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _ l		.,
_	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			V
9	complete Schedule D, Part III	8		Χ
9	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		Χ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	Ť		
. •	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
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		Χ
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		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Χ
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	444		V
	reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		.,	
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	Χ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		V
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
• /	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			

Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Χ
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
0	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		
		24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24</b> 0		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	25.		v
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Χ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			_
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Χ
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	

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Part V

# 

				一
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Χ	<b>—</b>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			l
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			İ
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>

Part VI

Sect	ion A. Governing Body and Management								
		•		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 2							
	If there are material differences in voting rights among members of the governing body, or								
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with							
	any other officer, director, trustee, or key employee?		2		Χ				
3	Did the organization delegate control over management duties customarily performed by or under	the direct							
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Χ				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	•	4		Χ				
5	Did the organization become aware during the year of a significant diversion of the organization's		5		Χ				
6	Did the organization have members or stockholders?		6		Χ				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or								
	one or more members of the governing body?		7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members				,,				
	stockholders, or persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertake		7.0						
U	the year by the following:								
а	The governing body?		8a	Χ					
b	Each committee with authority to act on behalf of the governing body?		8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		00						
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		Х				
Soct	ion B. Policies (This Section B requests information about policies not required by the			١	^				
Jeci	ion b. Folicies (This Section b requests information about policies not required by the	internal Nevertue C	oue.	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such								
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of this Form 990 to all members of its governing body before the copy of the copy	-	11a	Χ					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ore mining the forms.	ıια	^					
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Χ					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	X					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i>		120						
·	describe in Schedule O how this was done		12c	Х					
13	Did the organization have a written whistleblower policy?		13		Х				
14	Did the organization have a written document retention and destruction policy?		14		Х				
15	Did the process for determining compensation of the following persons include a review and appro		17		^				
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation								
а	The organization's CEO, Executive Director, or top management official		15a	Χ					
a b	Other officers or key employees of the organization		15b	X					
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		130	^					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements.	romont							
IUa	with a taxable entity during the year?	•	16a		Х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		10a		^				
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safe								
	the organization's exempt status with respect to such arrangements?		16b						
Soct	ion C. Disclosure	<u> </u>	100						
17	List the states with which a copy of this Form 990 is required to be filed								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(3)	s only	 /)					
	available for public inspection. Indicate how you made these available. Check all that apply.	5 . (5556511 55 1(5)(5)	.5 51113	,					
		plain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	•	cv an	d					
	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 l	oooks and records:	•						
	Daniel Casey	/ //	•						
	3220 N Street NW, Ste. 268, Washington, DC 20007	(00.7,000,0017							

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

compensated employees; and former such persons.										
Check this box if neither the organization nor any	related organiz	ation	con	nper	nsat	ted ar	ту с	urrent officer, dir	ector, or trustee.	
(A) Name and Title	<b>(B)</b> Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer			Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Carrie Severino	30.00									
Director/Secretary	0.00	Х		Χ				160,000		
(2) Daniel Casey	3.00									
Director/President	5.00	Х		Χ						
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

20-2466871

Creative Response Concepts

Sidley Austin LLP

	(A) Name and title	<b>(B)</b> Average hours per	(C) Position (do not check more than of box, unless person is both officer and a director/truster.						( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation		<b>(F)</b> stimate mount o	
		week (list any hours for related organizations below dotted line)	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fi org an	other npensate rom the ganization d relate anization	tion e on ed
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Sub-total							<b>•</b>	160,000	0			0
С	Total from continuation sheets to Part VII, S								0	0	<u> </u>		0
<u>d</u>	Total (add lines 1b and 1c).								160,000	0			0
2	Total number of individuals (including but not lin		sted a			who	rece	ved	more than \$100	,000 ot			
-	reportable compensation from the organization	<u> </u>			1							Yes	No
3	Did the organization list any <b>former</b> officer, dire	ector or trustee	kev e	mn	love	2 <del>0</del> (	or hia	hes	t compensated			163	NO
•	employee on line 1a? If "Yes," complete Sched		-	-	-		_				3		Х
4	For any individual listed on line 1a, is the sum of					nd (	other	con	nnensation from				
•	the organization and related organizations grea		-						•	h			
	individual						•				4		Х
5	Did any person listed on line 1a receive or accr	ue compensatio	n fror	n ar	าง น	nre	lated	ora	anization or indiv	ridual			
	for services rendered to the organization? If "Ye	•			-			_			5		Х
Sec	tion B. Independent Contractors	•											
1	Complete this table for your five highest compecompensation from the organization. Report coyear.										ax		
	(A)								(B)		(C		
	Name and business add	ress							Description of serv	vices C	Compen		
BH (	Group LLC 1655 N Fort Me	yer Dr., Ste. 700	) Arlir	ngto	n, ∖	/A 2	2209	Со	nsulting	1		1,352	,340
_	•	wn Pike, Ste148											5,000
Kirkl	and & Ellis LLP 655 Fifteenth S	t, NW Washingto	on, D	C 20	000	5		Leg	gal			771	,178

2760 Eisenhower Ave., 4th Floor Alexandria, VA 223 Consulting

Legal

1501 K St, NW Washington, DC 20005

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 of compensation from the organization

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

720,778

660,000

20-2466871

## Part VIII Statement of Revenue Check if Schedule O contain

		Check if Schedule O contains a response or note to any line if	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns		Tevenue		012-014
υ <u>κ</u>	h	<b>Total.</b> Add lines 1a–1f	9,469,500			
Program Service Revenue	2a b c	Business Code	0 0			
S III S	е		0			
rogra	f	All other program service revenue	0			
	g	Total. Add lines 2a–2f	0			
	3 4 5	Investment income (including dividends, interest, and other similar amounts)	0			
	6a	(i) Real (ii) Personal  Gross rents				
	b C	Less: rental expenses  Rental income or (loss) 0 0	-			
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other				
	b	assets other than inventory				
	C	Gain or (loss)				
enue	d 8a	Net gain or (loss)	0			
Other Revenu		of contributions reported on line 1c). See Part IV, line 18				
÷		Less: direct expenses b				
J		Net income or (loss) from fundraising events ▶ Gross income from gaming activities. See Part IV, line 19	0			
	b	Less: direct expenses b				
	С	Net income or (loss) from gaming activities	0			
		Less: cost of goods sold b				
	С	Net income or (loss) from sales of inventory	0			
	44	Miscellaneous Revenue Business Code				
	11a		0			
	b c		0			<u> </u>
	d	All other revenue	0			
	e	Total. Add lines 11a–11d	0			
	12	Total revenue. See instructions.	9.469.500	0	0	(

#### 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).

	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to domestic organizations		·		·					
	domestic governments. See Part IV, line 21	3,099,036	3,099,036							
2	Grants and other assistance to domestic									
	individuals. See Part IV, line 22	42,224	42,224							
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16	25,000	25,000							
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors,									
	trustees, and key employees	160,000	160,000	0	0					
6	Compensation not included above, to disqualified	·	·							
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)		0	0	0					
7	Other salaries and wages	398,000	354,220	43,780	0					
8	Pension plan accruals and contributions (include	·	·	·						
	section 401(k) and 403(b) employer contributions)	0								
9	Other employee benefits	0								
10	Payroll taxes	23,176	21,693	1,483	0					
11	Fees for services (non-employees):	,	,	,						
а	Management	217,000	196,600	20,400	0					
b	Legal	3,547,181	3,220,707	326,474	0					
C	Accounting	5,500	0	5,500	0					
d	Lobbying	0,000	Ŭ	0,000						
e	Professional fundraising services. See Part IV, line 17	0								
f	Investment management fees	0								
g	Other. (If line 11g amount exceeds 10% of line 25, column	Ŭ								
9	(A) amount, list line 11g expenses on Schedule O.)	3,949,402	3,854,738	94,664	0					
12	Advertising and promotion	0,545,462	0,004,700	34,004	<u> </u>					
13	Office expenses	3,224	645	2,579	0					
14	Information technology	0	0+0	2,019	0					
15	Royalties	0								
16	Occupancy	0								
17	Travel	41,057	34,190	6,867						
18	Payments of travel or entertainment expenses	+1,007	34,130	0,007						
10	for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	8,188	8,188							
20	·	0,100	0,100							
21	Interest	0								
	=	0	0	0	0					
22 23	Depreciation, depletion, and amortization	6,425	U	6,425	0					
23 24	Other expenses. Itemize expenses not covered	0,425		0,423						
24	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.)	0								
a		0								
b		0		+						
C										
d	All all an average	0								
e 25	All other expenses	0	44.047.044	500 470						
25	Total functional expenses. Add lines 1 through 24e	11,525,413	11,017,241	508,172	0					
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs									
	from a combined educational campaign and									
	fundraising solicitation. Check here									
	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)</b> Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,227,455	1	171,542
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	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			
ets		organizations (see instructions). Complete Part II of Schedule L	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
Ä	8	Inventories for sale or use	0	8	
	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,227,455	16	171,542
	17	Accounts payable and accrued expenses	0	17	7-
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Ś	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
į		disqualified persons. Complete Part II of Schedule L	0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
es		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	2,227,455	27	171,542
<u>ala</u>	28	Temporarily restricted net assets	2,221,433	28	171,342
B	29	Permanently restricted net assets	0	29	
Fund Balances	23	·	0	23	
		Organizations that do not follow SFAS 117 (ASC958), check here			
s or		complete lines 30 through 34.			
iets	30	Capital stock or trust principal, or current funds	0	30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	
et /	32	Retained earnings, endowment, accumulated income, or other funds	0	32	
ž	33	Total net assets or fund balances	2,227,455		171,542
	34	Total liabilities and net assets/fund balances	2,227,455	34	171,542

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,469	9,500
2	Total expenses (must equal Part IX, column (A), line 25)	2		11,525	5,413
3	Revenue less expenses. Subtract line 2 from line 1	3		-2,055	5,913
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,227	7,455
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
		10		171	1,542
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
	<u> </u>			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
С	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		. 20		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
Ja	the Single Audit Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		. <u>Ja</u>	$\vdash$	
D	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		. 3b		
	required addit of addito, explain why in conedule of and describe any steps taken to undergo such addits.	• •	. JU	990	(0047)

Form **990** (2017)

## **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Judicial Education Project

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 20-2466871

Par		Reason for Public Char										
	orga	anization is not a private foundat										
1	H	A church, convention of church					(A)(i).					
2	H	A school described in <b>section</b> 1		•								
3	Н	,		I service organization described in <b>section 170(b)(1)(A)(iii).</b> Derated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the								
4	Ш	A medical research organization hospital's name, city, and state	· · ·	nction with a hospital c	lescribed	in section	170(b)(1)(A)(iii). En	ter the				
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in				
6		A federal, state, or local govern	ment or governmer	ntal unit described in <b>s</b> e	ection 170	)(b)(1)(A)(	v).					
7	Χ	An organization that normally redescribed in <b>section 170(b)(1)</b>			m a gove	rnmental ι	unit or from the gene	ral public				
8		A community trust described in	section 170(b)(1)(A	A)(vi). (Complete Part	II.)							
9		An agricultural research organior university or a non-land-graruniversity:										
10	<u> </u>											
11		An organization organized and	operated exclusivel	ly to test for public safe	ety. See <b>s</b> e	ection 509	0(a)(4).					
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ed organizations de	escribed in section 509	9(a)(1) or	section 50	9(a)(2). See section	n 509(a)(3).				
а		Type I. A supporting organiz the supported organization(s organization. You must con	s) the power to regu	larly appoint or elect a								
b		Type II. A supporting organic control or management of the organization(s). You must o	e supporting organi	ization vested in the sa								
С		Type III functionally integrates its supported organization(s						rated with,				
d		Type III non-functionally in that is not functionally integr requirement (see instruction	ated. The organizat	ion generally must sat	isfy a distr	ibution red	quirement and an att					
е	ſ	Check this box if the organiz	, .	·				e III				
•	L	functionally integrated, or Ty					. , , , , , , , , , , , , , , , , , , ,					
f		Enter the number of supported	•					0				
g		Provide the following information  Name of supported organization	n about the support (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of				
	(-)	. Tanio di Sapporto  di Garineano.	()	(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)				
					Yes	No						
A)												
B)												
C)												
D)												
E)												
ota							0	0				
υta	I II						U	l ()				

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	(e) 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,520,110	9,077,000	11,335,700	12,375,000	9,469,500	44,777,310
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 5</b>	Total. Add lines 1 through 3	2,520,110	9,077,000	11,335,700	12,375,000	9,469,500	44,777,310 1,204,454
6	Public support. Subtract line 5 from line 4						43,572,856
	etion B. Total Support						10,072,000
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	2,520,110	9,077,000	11,335,700	12,375,000	9,469,500	44,777,310
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						44,777,310
12	Gross receipts from related activities, etc. (see					12	
13	First five years. If the Form 990 is for the o						
	organization, check this box and stop here						· · · · · • <u> </u>
	tion C. Computation of Public Su						
	Public support percentage for 2017 (line 6, c	` ' '	,	**		14	97.31%
15	Public support percentage from 2016 Sched					15	95.90%
16a	<b>33 1/3% support test—2017.</b> If the organiz and <b>stop here.</b> The organization qualifies as						► IV
							<b>▶</b> X
D	<b>33 1/3% support test—2016.</b> If the organiz box and <b>stop here.</b> The organization qualifies						. □
17a	10%-facts-and-circumstances test—2017 is 10% or more, and if the organization meet Part VI how the organization meets the "fact organization.	7. If the organization is the "facts-and-circumstance	n did not check a b cumstances" test, es" test. The organ	ox on line 13, 16a, check this box and ization qualifies as	or 16b, and line 14 stop here. Explai a publicly supporte	4 n in ed	
b	10%-facts-and-circumstances test—2016 15 is 10% or more, and if the organization m Explain in Part VI how the organization meet supported organization	eets the "facts-and ts the "facts-and-cir	-circumstances" te cumstances" test.	est, check this box a The organization q	and <b>stop here.</b> ualifies as a public	sly	▶□
18	<b>Private foundation.</b> If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		. —
	instructions						🕨 📗

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

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

Sec	ction A. Public Support				, ,		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						0
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						•
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						0
_	its behalf						U
5	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3				Ŭ		
, u	received from disqualified persons						0
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						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	ction B. Total Support				T	T T	
_	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						0
<b>L</b>	royalties, and income from similar sources	+					0
D	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						0
_	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business		0	0			0
•	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						<u> </u>
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		0	0		0	0
14	First five years. If the Form 990 is for the o	-		-		• •	_
	organization, check this box and stop here						<b>&gt;</b>
Sec	ction C. Computation of Public Su					T T	
15	Public support percentage for 2017 (line 8, c	• •	•	• •		15	0.00%
	Public support percentage from 2016 Sched			<u> </u>		16	0.00%
	ction D. Computation of Investmen			olumn (f\)		17	0.000/
17 10	Investment income percentage for 2017 (line		-			17	0.00% 0.00%
18 19a	Investment income percentage from <b>2016</b> Solution 33 1/3% support tests—2017. If the organic					L	0.00%
	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2016. If the organi	-			-		
	line 18 is not more than 33 1/3%, check this						▶ 🗌
20	Private foundation. If the organization did i	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	s	▶

#### **Supporting Organizations** Part IV

(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 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **c** Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

ı		Yes	No
	1		
	2		
	3a		
	Ju		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	01-		
	9b		
	90		
	9с		
	40-		
	10a		
	10b		
rm <sup>c</sup>		990-EZ	) 2017

Part	Supporting Organizations (continued)			ugo 🗨
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
Secti	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  ion B. Type I Supporting Organizations	11c		
Occi	ion B. Type roupporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Coot	supervised, or controlled the supporting organization.	2		
Secu	ion C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			ı
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	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 instru	ction	s).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instruc	ctions	:).
			Yes	
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
а	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		
	- OF IGNOUPLEGUOLICATIONS FILE TO A RESULDE III FALL VI THE THE DIAVED BY THE HUMBHIZAHOH III THIS TEDAM	่อม		

2 Enter 85% of line 1

4 Enter greater of line 2 or line 3.

5 Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, Column A)

emergency temporary reduction (see instructions).	
7 Check here if the current year is the organization's first as a non-functionally integrated instructions).	ted Type III supporting organization (see

2

3

4

5

0

0

0

Part '	Type III Non-Functionally Integrated 509(a)(3	<ul><li>Supporting Organi</li></ul>	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ntions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which the	he organization is respor	nsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount	1	(ii)	0.000
S	ection E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2017			
2	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
	From 2016			
f	<b>Total</b> of lines 3a through e	0		
	Applied to underdistributions of prior years		0	
h	Applied to 2017 distributable amount			0
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2017 from			
	Section D, line 7: \$ 0			
	Applied to underdistributions of prior years		0	
	Applied to 2017 distributable amount			0
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result		0	
	greater than zero, explain in <b>Part VI</b> . See instructions.  Remaining underdistributions for 2017. Subtract lines 3h		0	
6	<b>G</b>			
	and 4b from line 1. For result greater than zero, explain in			0
	Part VI. See instructions.			0
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:	0		
	Excess from 2013 0			
<u>a</u> b	Excess from 2014			
C	Excess from 2015			
<u> </u>	Excess from 2016			
	Excess from 2017			
_				

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Judicial Education Project

## **Schedule of Contributors**

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

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

OMB No. 1545-0047

2017

**Employer identification number** 

20-2466871

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organization	is covered by the General Rule or a Special Rule.				
<b>Note:</b> Only a section 501(c instructions.	)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
General Rule					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.				
Special Rules					
regulations under s 13, 16a, or 16b, an	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, and purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
contributor, during contributions totale during the year for <b>General Rule</b> appl	the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such an exclusively for religious, charitable, etc., purposes, but no such an exclusively religious, charitable, etc., purposes, but no such an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the ies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions more during the year				
	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, <b>nust</b> answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its				

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organizationEmployer identification numberJudicial Education Project20-2466871

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Donor A  Foreign State or Province: Foreign Country:	\$9,382,000	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	Donor B  Foreign State or Province: Foreign Country:	\$45,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	donor C  Foreign State or Province: Foreign Country:	\$35,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Donor D  Foreign State or Province: Foreign Country:	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organizationEmployer identification numberJudicial Education Project20-2466871

Part II	Noncash Property (see instructions). Use duplicate of	opies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ <sub></sub>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ <sub></sub>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ <sub></sub>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ <sub></sub>	

Name of or	ganization ucation Project			Employer	identification number 20-2466871			
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the the following line entry. For organizations contributions of \$1,000 or less for the years of the property of	year from any os s completing Par ear. (Enter this in	one contributor. Complet t III, enter the total of <i>exclu</i> formation once. See instru	e columns <b>(a)</b> thro <i>sively</i> religious, c	c)(7), (8), or ough <b>(e) and</b>			
(a) No. from Part I	(b) Purpose of gift		) Use of gift	(d) Description	on of how gift is held			
	Transferee's name, address, and		ransfer of gift  Relationsh	p of transferor to	o transferee			
(a) No	For. Prov. Country							
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift	(d) Description	on of how gift is held			
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee							
	Transferee's name, address, and							
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift		on of how gift is held			
		 (e) 1						
	Transferee's name, address, and			p of transferor to	o transferee			
	For. Prov. Country							
(a) No. from Part I	(b) Purpose of gift	(0	) Use of gift	(d) Description	on of how gift is held			
	Transferee's name, address, and		ransfer of gift Relationsh	p of transferor to	o transferee			
	For. Prov. Country							

## SCHEDULE F (Form 990)

**Statement of Activities Outside the United States** 

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Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.

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

Employer identification number

Judicial Educati	on Project					20-2466871
	neral Informat s" on Form 990,			e the United States. Com	plete if the organization answ	/ered
assistand	e, the grantees'	eligibility for th	ne grants or assi	rds to substantiate the amount stance, and the selection crit	eria used to award	Yes No
	makers. Describe outside the Unit		e organization's p	procedures for monitoring the	use of its grants and other	
3 Activities p	er Region. (The	following Part	I, line 3 table ca	an be duplicated if additional	space is needed.)	
<b>(a)</b> Reç	gion	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a Sub-total.		0	0			0
<b>b</b> Total from o		2	2			_
sheets to Pa		0	0			0

20-2466871 Schedule F (Form 990) 2017 Judicial Education Project

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code (a) Name of (c) Region (d) Purpose of (e) Amount of (f) Manner of (a) Amount of (h) Description (i) Method of organization section and EIN cash grant cash noncash of noncash assistance valuation grant (if applicable) disbursement assistance (book, FMV, appraisal, other) Europe (Including Research Bank transfer n/a Iceland and 25.000 (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 

Schedule F (Form 990) 2017 Judicial Education Project 20-2466871 Page **3** 

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed.

	cated if additional space is		I		ı	T	
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(40)							
(14)							
(15)							
(16)							
(17)							
(18)							

Page 4

20-2466871

Part	V Foreign Forms			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No	
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No	
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No	
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No	
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No	

Page **5** 

Part V Suppler

rt V	Sup	olemental	Inform	ation
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Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Part I Line 2 The organization requires grantees to provide regular updates on the
performance of their programs

## SCHEDULE I (Form 990)

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Judicial Education Project					2	0-2466871	
Part I General Information	n on Grants	and Assistance					
1 Does the organization mainta	in records to su	bstantiate the amou	int of the grants or assis	tance, the grantees'	eligibility for the grants	or assistance, and	
the selection criteria used to	award the grants	s or assistance?					. X Yes No
2 Describe in Part IV the organ	ization's proced	ures for monitoring	the use of grant funds ir	the United States.			
Part II Grants and Other A	Assistance to	Domestic Orga	nizations and Dome	stic Government	s. Complete if the or	rganization answere	ed "Yes" on Form
990, Part IV, line 21	, for any recip	ient that received	more than \$5,000. P	art II can be duplic	cated if additional sp	ace is needed.	
(a) Name and address of organization     or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) American Conservative Union Four					outory	n/a	general support
201 N Union St Ste 370 Alexandria, VA	52-1294680	501c3	50,000			.,, _	general support
(2) Concerned Women for America	02 120 1000	33.33	00,000			n/a	general support
1015 15th NW Washington, DC 20005	95-3580834	501c3	125,000				
(3) Ethics and Public Policy Center			,			n/a	General Support
1730 M Street NW Washington, DC 20	52-1162185	501 c 3	100,000				
(4) George Mason University Foundati						n/a	general support
4400 University Dr. MSN 1A3 U. Hall \$	54-1603842	501 c 3	800,000				
(5) Judicial Evaluation Institute						n/a	general support
701 8th St. NW, Ste. 500 Washington,	52-2052581	501 c 3	150,000				
(6) NRA Freedom Action Foundation						n/a	general support
11250 Waples Mill Rd Fairfax, VA 220	26-1277941	501 c 3	750,000				
(7) Orin Hatch Foundation						n/a	General Support
411 E. South Temple Salt Lake City, U	47-4823732	501 c 3	250,000				
(8) Private Citizen						n/a	general support
1100 Main St., Ste. 2750 Kansas City,	47-3700921	501 c 3	502,036				
(9) Speech First Inc.						n/a	general support
1030 15th st NW Ste. 374 Washington	82-3599047	501 c 3	250,000				
(10) Susan B Anthony List Education Fu						n/a	general support
2800 S Shirlington Rd Ste 1200 Arling	26-4788700	501 c 3	100,000				
(11) The Legacy Foundation						n/a	General Support
600 4th St, Ste. 360 Sioux City, IA 511	26-3853831	501 c 3	20,000				
(12)							
O Fotontatal number of "	F04(-)(0) !		41	4-1-1-			
2 Enter total number of section		•					11
3 Enter total number of other or	rganizations liste	eu in the line i table					0

Page **2** 

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistant
ition Grant					n/a
	1	42,224	0		
	<del>-   -  </del>				
Supplemental Information. F	Provide the information re	guired in Part I. line	2: Part III. column	(b): and any other add	itional information.
ned against budget.					

### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Judicial Education Project 20-2466871 Form 990, Part IV, Line 12: Officer/Director is required to read Conflict of Interest Policy and disclose any potential conflicts, on annual basis. Form 990, Part VI, Line 15: The compensation of the Officer/Director is reviewed annually by Governing Body and established based on performance and available data of compensation of similar organizations. Form 990, Part IX, Line 11g: Amount of \$3,949,402 consist of: Consulting: 250,000; Research: 251,383; Related Consulting: 3,342,367; Advocacy:13,561; Polling: 92,091.

Schedule O (Form 990 or 990-EZ) (2017)		Page	2
Name of the organization	Employer identification numbe	r	
Judicial Education Project	20-2466871		
			_