Form 990

#### Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

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.

Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2015 calendar year, or tax year beginning and ending Judicial Education Project D Employer identification number Check if applicable C Name of organization Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite Name change 268 3220 N Street NW E Telephone number Initial return City or town State 7IP code 571-247-3688 Washington DC 20006 Final return/terminated Foreign country name Foreign province/state/county Foreign postal code Amended return 11,335,700 Gross receipts \$ F Name and address of principal officer Yes X No Application pending H(a) is this a group return for subordinates? Daniel Casey 3220 N Street, NW Ste 268, Washington, DC 20006 H(b) Are all subordinates included? X 501(c)(3) If "No," attach a list. (see instructions) 501(c) ( Tax-exempt status ) < (insert no ) 4947(a)(1) or Website: ► N/A H(c) Group exemption number K Form of organization: X Corporation Trust Association L Year of formation M State of legal domicale Part I Briefly describe the organization's mission or most significant activities. The Judicial Education Project has been Activities & Governance established for charitable and educational purposes to conduct research and educate the public on the role of the Judiciary as laid out in the U.S. Constitution. Check this box • I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2015 (Part V, line 2a). 5 2 0 Total number of volunteers (estimate if necessary). -6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Pnor Year 9,077.000 11,335,700 Contributions and grants (Part VIII, line 1h). 0 9 Program service revenue (Part VIII, line 2g). Investment income (Part VIII, column (A), lines 3, 4, and 7d). 10 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 11 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,077,000 11.335.700 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 1,560,000 1.230.000 14 Benefits paid to or for members (Part IX, column (A), line 4). 0 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5–10). 172,927 316,646 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) 17 7.619.451 9.944.417 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,491,063 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 9,352,378 -155,363 19 Revenue less expenses Subtract line 18 from line 12. -275,378 Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . . . 216,423 61,060 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20 61,060 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here 140181 Type or pnnt name and title Print/Type preparer's name Paid T. Raymond Conlon Preparer Firm's name > Conton and Associates LLC **Use Only** 

Firm's address PO Box 6213, Silver Spring, MD 20916

May the IRS discuss this return with the preparer shown above? (see in For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 9	90 (2015)	Judicial Education Project			20-2466871	Page <b>2</b>
Pal	rt (II)	Statement of Program Service Ac Check if Schedule O contains a res		e in this Part III		
1	Briefly	escribe the organization's mission	<u>:</u>		<del> </del>	
	•	icial Education Project has been established	ed for charitable and educati	ional purposes		
		act research and educate the public on the				
		nstitution				
				·		
2	Did the	organization undertake any significant prog	gram services during the year	ar which were not listed	on	
	the prio	Form 990 or 990-EZ?			[ Ye	s X No
	If "Yes,"	describe these new services on Schedule	0			
3	Did the	organization cease conducting, or make sig	gnificant changes in how it c	conducts, any program		
	service	<b>?</b>			Ye	es XNo
		describe these changes on Schedule O				
4		e the organization's program service accor				
		es Section 501(c)(3) and 501(c)(4) organiz		t the amount of grants a	and allocations to other	ers,
	the tota	expenses, and revenue, if any, for each pi	rogram service reported			
	<del></del>					
4a	(Code		3,322 including grants of \$			
		015 the Organization participated in a nun				
	Supren	e Court, including merits briefs in Evenwel	V Texas, Fisher V. Texas, Po	erez v. Mortgage		
		Association, and Nichols v Mortgage Ban Friedrichs v. California Teachers Associati		Little Cietere		
		oor v. Burwell. It also filed briefs at other c		Jafin Dank		
		portation v Association of American Railro				
		d in significant education and media efforts				
	others	ncluding Reed v. Town of Gilbert, Williams	-Yulee v The Florida Bar Fl	FOC v Abercrombie		
		King v Burwell, Horne v Dept of Agricultu		. The		
		ation conducted legal research on campus				
		ion privacy rights, and federal college acci	roditotion			
4b	(Code	) (Expenses \$	including grants of \$	) (R	evenue \$	)
			*			·
		*	~			·
						·
		*				
4c	(Code	) (Expenses \$	including grants of \$	) (R	tevenue \$	)
						. = = = = = = = = = = = = = = = = = = =
		-~				
						*
Ad	Other -	ogram convoce (Describe in Sahadida C	<del></del>	<del></del>		<del></del> -
4d		ogram services (Describe in Schedule O.		1 \ (Payesus ®	0.1	
40	(Expens	es \$ 0 including grar	10 942 222	0)(Revenue \$	0)	<del></del>

**Checklist of Required Schedules** 

Part IV

-	•		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	$\hat{\mathbf{x}}$	
3			<del>^</del>	
J	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		$\neg \neg$	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	]	ì	
	Part III	5	Ì	Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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,"		_ 7	
	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		ł	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		X
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_
C	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		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	<b> </b>		ı
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX .	11d		_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<del> </del> -	-	<del>  ^</del>
-	fundraising, business, investment, and program service activities outside the United States, or aggregate	ł	} :	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	l	]	]
	If "Yes," complete Schedule G, Part III	19	L	X

Par	t IV Checklist of Required Schedules (continued)			
-			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
	and original and produced or take original and produced original	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	[		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			Ì
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
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	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		1	]
	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	<del></del> .	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	19t.	·, / .	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	<del> </del>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20	1	\
24	conservation contributions? If "Yes," complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24	)	
22		31	<del> </del>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32	}	\ v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	X_
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	}	х
34	·	33	-	<del>  ^-</del> -
J4	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	ł	v
35a	man and the second seco	35a	<del> </del>	X
		33a		<del>  ^-</del>
U	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	254		}
36		35b		<del> </del>
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	26		~
37	organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	ļ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	27		-
20		37	<del> </del>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O.	38	X	L

	990 (2015) Judicial Education Project	20-2466871	P	age 5
Par	Statements Regarding Other IRS Filings and Tax Compliance			$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>	<u> </u>	<u> </u>
4.	Establish south a second of Pour Cost Form 4000 Establish Cost and backlish	44	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	11 0		1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		i	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	X	}
30	gaming (gambling) winnings to prize winners?	10		<del> </del>
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.			
b	, , , , , , , , , , , , , , , , , , , ,	2 2b	X	
U	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)	20	^	$\vdash$
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		<del>  ^</del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1 30		<del>                                     </del>
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		}	1
	account)?	4a		x
b	If "Yes," enter the name of the foreign country:	70		<del>  ^</del>
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			1
	(FBAR).	1	Ì	Ì
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		t —
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			$\sqcap$
	gifts were not tax deductible?	. 6b		
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		}	1
	and services provided to the payor?	7a	}	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	} 	X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as require			<u></u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10s	98-C? <b>7h</b>		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ļ
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ļ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<b>}</b> _	↓
þ	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.	9b	ļ	<b>↓</b>
10	Section 501(c)(7) organizations. Enter:	1	ì	
а	Initiation fees and capital contributions included on Part VIII, line 12		Ì	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u>_</u>		1
11	Section 501(c)(12) organizations. Enter	}		
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources	Į.		
40.	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		{	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<del> </del>	├	┼
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
L	Note. See the instructions for additional information the organization must report on Schedule O	}	}	1
Ь	Enter the amount of reserves the organization is required to maintain by the states in which	1	1	1
_	the organization is licensed to issue qualified health plans	———	[	1
C 14a	Enter the amount of reserves on hand		├	+-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	. 14a	├	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140	L	

Part VI

20-2466871 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.

Sect	ion A. Governing Body and Management				<u></u>
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year				
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O			i	
b	Enter the number of voting members included in line 1a, above, who are independent .				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			
_	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under				
	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	issets?	5		X
6	Did the organization have members or stockholders?		6		<u>_x</u> _
7 <b>a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	l_	ł	١.,
_	one or more members of the governing body?		7 <u>a</u>		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members	,			
٥	stockholders, or persons other than the governing body?		7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertake	n auring	]	,	
-	the year by the following: The governing body?		8a	X	ļ
a b	Each committee with authority to act on behalf of the governing body?	•	8b	X	<del> </del>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	 aachad	100	<del>-^-</del>	<b></b> -
,	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	sacricu	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue		)	
<u> </u>	ton b. I oncies (This Section D requests information about policies not required by the	miterinar i tevenae	Jouc.	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	chapters.			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu		10b		Ì
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	J			
12a	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 conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes,"			
	describe in Schedule O how this was done		12c	_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 appro	val by	1	1	}
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
а	The organization's CEO, Executive Director, or top management official		15a	X	<u> </u>
þ	Other officers or key employees of the organization	•	15b	X	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		1	]	1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	jement			
_	with a taxable entity during the year?		16a	<del> </del>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu			1	1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard			
C4	the organization's exempt status with respect to such arrangements?	<del></del>	[16b	<u> </u>	<u> </u>
	ion C. Disclosure				
17 18	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an expansion to make its Forms 1033 (or 1034 if applicable), 990, and 99	0 T (Section 501/a)/3	le ont		
10	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	∪- i (Section 50 i(C)(3	ys only	y)	
	available for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  Upon request  Other (e)	plain ın Schedule O)			
19	Own website Another's website X Upon request Other (expression of the control of			nd	
. •	financial statements available to the public during the tax year.	winner or interest po	y, ai		
20	State the name, address, and telephone number of the person who possesses the organization's	ooks and records	•		
	Daniel Casey	571-247-3688	-		
	3220 N Street NW, Ste 268, Washington, DC 20006		- <b>-</b>		

Form 990 (2015)	Judicial Education Project									20-24668	71 Page <b>7</b>
Part VII	Compensation of Officers, Dire	ctors, Trustee	s, K	еу	Em	plo	yees	s, H	lighest Comp		
•	Employees, and Independent C				· -		. 41-1-	<b>-</b>			$\Box$
Section A.	Check if Schedule O contains a re Officers, Directors, Trustees, Key Er									<del> </del>	
	his table for all persons required to be I									vith or within the	
organization's	-	isted. Report coi	npen	Sun	011 1	O1 13	10 001		iai your orianig i		
	of the organization's current officers, di						uals (	о то	rganizations), re	gardless of amou	unt
	on. Enter -0- in columns (D), (E), and (f of the organization's <b>current</b> key emplo						defini	tion	of "key employe	e "	
<ul> <li>List the who received</li> </ul>	organization's current highest comreportable compensation (Box 5 of Formula any related organizations	pensated emplo	yees	(otl	her t	thar	n an o	ffice	er, director, truste	ee, or key employ	yee)
• List all o	of the organization's <b>former</b> officers, ke							ed e	mployees who re	eceived more tha	an
	of the organization's former directors of										the
	more than \$10,000 of reportable compe		-				-		=		
	the following order: individual trustees employees; and former such persons	or directors, iris	ututio	mai	แนร	iee:	s, om	CEIS	s, key employees	s, nignest	
Check this	s box if neither the organization nor any	related organiz	ation	con	npei	nsat	ted ar	ту с	urrent officer, dir	ector, or trustee	
					((	<b>5)</b>					
	(A)	(B)	(dor						(E)	(F)	
	Name and Title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation	Estimated amount of
	•	week (list any hours for			Officer		-	Former	from the	from related organizations	other compensation
		related organizations	Individual trustee or director	Institutional trustee	層	Key employee	Highest compensated employee	Per	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted line)	흑	na t		loye	ğ e		(,		and related organizations
			ě	ustee		"	ensat				
				L			8				
(1) Carrie S Director/Secre		40.00 0 00	x	[ i	x				142,993	o	0
(2) Daniel (	- <b></b>	3 00	^	-	<u> </u>			_	142,993		
Director/Presid	·	0 00	х		X				0	0	0
_(3)											
(4)			-	-	-	-		-			
-1-1					<u> </u>						! !
(5)											
(6)			_								
(7)				-							
(8)			-	-		_		-			
(9)				-	-	-	<del> </del>	_			
	<del></del>			L	<u>L</u> .			_			<u></u>
(10)											
(11)				T	Γ			Γ			
			1	l	l	l	I	l l	1	[	

(13)

20-2466871

Part	VII Section A. Officers, Directors, Tru	stees, Key Em <sub>l</sub>	oloye	es,	anc	Hi	ghes	t Co	ompensated Em	ployees (contin	ued)			
•	(A)	(B)	(C) Position (B) (do not check more than one (D) (E)									(F)		
	(A) Name and title	Name and title Average box, unless person is both an						an	(D) Reportable	Reportable	Est	ımated		
		hours per week (list any		_		Irecto	or/trust o ⊥	ee)	compensation from	compensation from related	•	(F) Estimated amount of other compensation from the organization and related organizations  Yes No. 3 X		
		hours for related	Individual trustee or director	institutional trustee	Officer	ey e	ghes	Former	the organization	organizations (W-2/1099-MISC)			on	
		organizations below dotted	or in	S S	· ·	탕	8 8		(W-2/1099-MISC)		_			
		line)	uste	쿲		8	npen							
			•	8			Highest compensated employee		]					
(15)				-	-	-	-	-						
(16)				-		-								
(17)				<u> </u>	<del> </del>	-	_	<u> </u>						
(18)		<u> </u>		-	-	_					-			
(19)			-	<del> </del>	-	$\vdash$		<del> </del>						
				_	-	-	-	-						
				_	_				<b></b>					
(22)														
(23)														
(24)														
(25)		<del></del>		_		-	-							
1b S	ub-total		٠	L	L			<b>&gt;</b>	142,993	0			0	
	otal from continuation sheets to Part VII, Se	ection A			-			•	0	0			0	
	otal (add lines 1b and 1c) otal number of individuals (including but not lin	nited to those lis			(a) v	·	recei	Vec	142,993 I more than \$100	0 000 of	L		0	
	eportable compensation from the organization	► • • • • • • • • • • • • • • • • • • •	icu a	IDOV	1	W110	i CCC	VCC	Tillore triali \$ 100	,000 01				
												Yes	No	
	id the organization list any <b>former</b> officer, dire				loye	e, c	or hig	hes	t compensated					
	mployee on line 1a? If "Yes," complete Sched					است			· · · · · · · · · · · · · · · · · · ·	-	-		<u> </u>	
	or any individual listed on line 1a, is the sum o le organization and related organizations grea	-	-						-	h		ł		
	dividual										4		Χ	
<b>5</b> D	id any person listed on line 1a receive or accr	ue compensatio	n froi	m a	ny u	ınre	lated	org	anızatıon or indiv	vidual				
	or services rendered to the organization? If "Ye	es," complete Se	chedu	ile J	for	suc	h pe	rsor	<u> </u>	<del></del>	5		<u>X</u>	
	n B. Independent Contractors omplete this table for your five highest compe	nsated indepen	dent	con	trac	tore	that		aived more than	\$100,000 of				
c	ompensation from the organization Report co										tax			
	(A) Name and business add	ress							(B) Description of ser	vices	(C) Compen			
	fostetler 1050 Connection				_			_	gal			2,915		
Graves					06	410	5		gal			2,252		
Jones D					dria	\//	223	+	gal iblic Relations				,449 L000	
Creative Response Consepts 2760 Eisenhower Ave., 4th Floor Alexandria, VA 223 Public Relations  Bancroft PLLC 1919 M St., NW, Ste 470 Washington, DC 20036 Legal					734,000 444,291									
2 To	otal number of independent contractors (inclu	ding but not limi					d abo	ove)		1				
m	ore than \$100,000 of compensation from the	organization					14							

Form 990 (2015)
Part VIII

Statement of Revenue	
Check if Schedule O contains a response or note to any line in this Part VIII	

			<del></del>	<del></del>	<del></del> -		1 (0)	
f					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>**</b> **	1a	Federated campaigns .	1a	0				
ants	ь	Membership dues	. 1b	0				í
2 5		Fundraising events	1c	0				
F. A.	d	Related organizations .	1d	0				·
, G	e	Government grants (contributions) .	1e	Ö				
Sic		All other contributions, gifts, grants, ar						,
Contributions, Gifts, Grants and Other Similar Amounts	•	similar amounts not included above	"   1f	11,335,700				, 
F 6	٦	Noncash contributions included in lines 1		11,555,700				;
ပ္က	g	Total. Add lines 1a–1f	а-11. Ф		11,335,700		i	
	<del>- ''</del> -	Total. Add lines 1a-11	<u> </u>	Business Code	11,335,700			
Program Service Revenue	2a				0	~		
946	b			<del></del>	0	<del></del>	<del>                                     </del>	<del></del>
6					0			<del> </del>
Ž	C						<del> </del>	
Se	d	****		<del></del>	0		<del></del>	
lau	ء	All other program on the control of			0			
o j	1	All other program service revenue			0		<del> </del>	<del> </del>
	<u>g</u> 3	Total. Add lines 2a–2f		<b>&gt;</b>	0			<del>                                     </del>
	3	Investment income (including dividend		and			İ	
	other similar amounts)				0.			<del></del>
	4 5		t bond proc	eeus 🟲	0			
	3	Royalties	(ı) Real	(ii) Personal		· · · · · · · · · · · · · · · · · · ·		<u> </u>
	6a	Gross rents	(1) 11041	(ii) i oraciiai				
	١.	Less. rental expenses						i
	b	Rental income or (loss)	0	0	!			1
	d	Net rental income or (loss)		<u> </u>	0			
	7a		Securities	(ii) Other	0			
	/a	assets other than inventory	0					ŀ
	ь	Less cost or other basis		0				ł
		and sales expenses .	0	o				}
	С	Gain or (loss)	0	0				
	d	Net gain or (loss)			0			
	_	rvot gain or (1000)		[- <del></del>				
e e	8a	Gross income from fundraising					ļ	
- E		events (not including \$	0					
ě		of contributions reported on line 1c)			,			1
Other Reven		See Part IV, line 18	. а	o				
를	Ь	Less: direct expenses		0				
Ò	С	Net income or (loss) from fundraising	events	•	0	ļ		
	9a	Gross income from gaming activities.						
	:	See Part IV, line 19 .	. a	О				
	ь	Less direct expenses		0				
		Net income or (loss) from gaming acti	vities	▶	0			
		Gross sales of inventory, less						
		returns and allowances	. <b>a</b>	О				1
]	b	Less cost of goods sold	b	0		}		
[		Net income or (loss) from sales of inve	entory .	. >	0			
		Miscellaneous Revenue		Business Code				
	11a				0			
ļ	Ь				0			
	C				0			
1	d	All other revenue			0			
	е	Total. Add lines 11a-11d	-		0	<del></del>		
	12	Total revenue. See instructions		<u>.</u>	11,335,700	C	0	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX. (C) (D) (B) Do not include amounts reported on lines 6b, 7b, Management and Fundraising Total expenses Program service 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations domestic governments See Part IV, line 21 1,230,000 1,230,000 2 Grants and other assistance to domestic individuals See Part IV, line 22 0 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . n Benefits paid to or for members 0 Compensation of current officers, directors, 142,993 trustees, and key employees. 142,993 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 161,000 Other salaries and wages . . . 161,000 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 9 Other employee benefits 0 10 Payroll taxes. 12,653 12,653 11 Fees for services (non-employees). Management . . . Legal 8,018,068 8,000,960 17,108 Accounting . . 2,000 2,000 Lobbying . 0 Professional fundraising services. See Part IV, line 17 0 Investment management fees. 0 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1,868,716 1,265,716 603,000 12 Advertising and promotion n 13 Office expenses 4,511 4.511 Information technology 14 0 15 Royalties 0 16 Occupancy 0 17 Travel 15,674 15,674 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings. 0 20 Interest 0 21 Payments to affiliates . 0 22 Depreciation, depletion, and amortization. 0 0 23 5,448 Insurance 5,448 24 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) 30,000 30,000 а b 0 0 d 0 e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e 11,491,063 10,843,322 647.741 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)

20-2466871

Part X	Balance Sheet	
•	Charles Cabadada O anataina a annuana annua ta annuaina in this Bart V	
	Check if Schedule O contains a response or note to any line in this Part X	

		Check if Schedule O contains a response or note to any line in this	Pan X	(A)	· - 1	(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		216,423	1	61,060
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	. Г	0	3	0
	4	Accounts receivable, net		0	4	0
	5	Loans and other receivables from current and former officers, directors	i, [			
	i	trustees, key employees, and highest compensated employees				
	ł	Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section	on 🗀			
	}	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a				
		sponsonng organizations of section 501(c)(9) voluntary employees' beneficiary	1			
\$	ļ	organizations (see instructions) Complete Part II of Schedule L .		6		
Assets	7	Notes and loans receivable, net		0	7	0
Ą	8	Inventories for sale or use		<del>-</del>	8	
	9	Prepaid expenses and deferred charges	·		9	
	10a	Land, buildings, and equipment cost or	<u> </u>			
	1.00	other basis Complete Part VI of Schedule D	o			
	b	Less accumulated depreciation . 10b	<del></del>	0	10c	0
	11			0	11	0
	12	Investments—publicly traded securities .  Investments—other securities See Part IV, line 11 .	-	0	_	0
	13	·	· · }-	0	12	<del></del>
	14	Investments—program-related See Part IV, line 11 . Intangible assets	· · · }-	0	13	0
	15	<u> </u>	· F		14	0
	16	Other assets See Part IV, line 11 .	·  -	0	15	
	17	Total assets. Add lines 1 through 15 (must equal line 34) .	<u></u>	216,423	16 17	61,060
	18	Accounts payable and accrued expenses	· }-		18	<del></del>
	19	Deferred revenue	· · }-		19	
	20	T	-		20	
	21	·	· ·			
αħ	22	Escrow or custodial account liability Complete Part IV of Schedule D.			21	
ŧ	22	Loans and other payables to current and former officers, directors,	İ			ı
ੋਂ	l	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.	-		22	
Liabilities	22	·	·  -		22	
_	23 24	Secured mortgages and notes payable to unrelated third parties	·  -	0	23	0
	25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including foderal income tay insulable to related third	·		24	
	25	Other liabilities (including federal income tax, payables to related third				l
		parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1		05	
	26		·  -	0	25 26	0
	20	Total liabilities. Add lines 17 through 25			20	<u>_</u>
8		Organizations that follow SFAS 117 (ASC 958), check here	and		•	
JC 6		complete lines 27 through 29, and lines 33 and 34.				
<u>a</u>	27	Unrestricted net assets	<u>_</u>	216,423	27	61,060
ă	28	Temporarily restricted net assets	·  _		28	<u></u>
P P	29	Permanently restricted net assets	·  _		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34.	and			
\$	30	Capital stock or trust principal, or current funds	-		30	
586	31	Paid-in or capital surplus, or land, building, or equipment fund	·  -		31	<del> </del>
Ä	32	Retained earnings, endowment, accumulated income, or other funds.	-		32	<del></del>
Ne	33	Total net assets or fund balances .	· ·	216,423		61,060
	34	Total liabilities and net assets/fund balances	·  -	216,423		61,060
				£ 10,423	<u> </u>	0 1,000

om 99	90 (2015) Judicial Education Project	20-2466	<u>871</u>	Pag	<u>e 12</u>
art	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	11	,335	,700
2	Total expenses (must equal Part IX, column (A), line 25)	2	11	,491	,063
3	Revenue less expenses Subtract line 2 from line 1	3		-155	,363
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		216	,423
	Net unrealized gains (losses) on investments	5			
	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			
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		61	,060
art )	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			ĺ	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other	Γ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		- 1	Ì	
	Schedule O	1	i	1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	ſ	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	Γ.			
	reviewed on a separate basis, consolidated basis, or both	- 1	- 1		
[	Separate basis Consolidated basis Both consolidated and separate basis	į.	- 1		,
b .	Were the organization's financial statements audited by an independent accountant?	ŀ	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	· · · ·	<del></del> +	$\neg \neg$	
	separate basis, consolidated basis, or both.			į	
ſ	Separate basis Consolidated basis Both consolidated and separate basis		1		
l		}	ĺ		
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	·	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	l l	1		
	Schedule O.	}-			-
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	-	20		
	the Single Audit Act and OMB Circular A-133?	F	3a		X
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		26	ļ	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	
			Form S	マダリ (	(2015)

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

2015

Open to Public Inspection

Employer identification number

<u>Judi</u>	cıal	Education Project					20-246	6871	
Pa	rt I	Reason for Public Char	ity Status (All org	ganizations must co	mplete th	is part)	See instructions.		
The	orga	anization is not a private foundat	ion because it is: (F	or lines 1 through 11, o	check only	one box			
1	$\sqcup$	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)							
6		A federal, state, or local govern	ment or governmen	ital unit described in se	ection 170	(b)(1)(A)(	<b>v</b> ).		
7	X								
8		A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	H )				
9		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
10		An organization organized and	operated exclusivel	ly to test for public safe	ty See se	ection 509	e(a)(4).		
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g								
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B.									
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.								
С								٦,	
d	Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness								
е	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.								
f		Enter the number of supported	•						0
g		Provide the following information		ed organization(s)					
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above (see instructions))	listed in your governing support (se		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)		<del></del>		·					
(C)									
(D)									
(E)		-							

Sche	edule A (Form 990 or 990-EZ) 2015 Judicial Ed	ucation Project				20-246687	Page 2		
Pa	rt II Support Schedule for Orga								
	(Complete only if you checke						der		
Sai	Part III. If the organization fai etion A. Public Support	ils to quality und	er the tests lis	ted below, plea	se complete P	art III )			
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(a) 2012	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and	(a) 2011	<b>(b)</b> 2012	(c) 2013	(0) 2014	(e) 2013	(I) Iotal		
•	membership fees received (Do not	<b>\</b>	1	}		}			
	include any "unusual grants.")	ľ	1,525,000	2,520,110	9,077,000	11,335,700	24,457,810		
2	Tax revenues levied for the organization's		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<del></del>		
	benefit and either paid to or expended on		j		ì	}			
	its behalf						0		
3	The value of services or facilities		ŀ						
	furnished by a governmental unit to the		1			}	•		
4	organization without charge		1,525,000	2,520,110	9,077,000	11,335,700	24,457,810		
5	The portion of total contributions by each	<del>-</del>	1,525,0001	2,520,110	9,077,000	11,335,700	24,437,610		
	person (other than a governmental unit								
	or publicly supported organization)	}							
	included on line 1 that exceeds 2%		Į.						
	of the amount shown on line 11,		}			ļ.			
_	column (f)						306,688		
6	Public support. Subtract line 5 from line 4		l				24,151,122		
	ction B. Total Support endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
7	Amounts from line 4	(a) 2011 0	1,525,000	2,520,110	9,077,000	11,335,700	24,457,810		
8	Gross income from interest, dividends,	<del></del>	1,525,000	2,520,110	9,077,000	11,333,700	24,437,610		
_	payments received on securities loans,		}	}		}			
	rents, royalties and income from similar				ļ				
	sources			[			0		
9	Net income from unrelated business								
	activities, whether or not the business is	1			}				
40	regularly carried on .			<del></del>			0		
10	Other income Do not include gain or loss from the sale of capital assets		1		Į.	Į.			
	(Explain in Part VI.)			}	Í	}	0		
11	Total support. Add lines 7 through 10	<del></del>		<del></del>			24,457,810		
12	Gross receipts from related activities, etc. (se	ee instructions)	<del></del>	· · · ·		12			
13	First five years. If the Form 990 is for the or			, or fifth tax year as	s a section 501(c)(	3)			
	organization, check this box and stop here .						· •		
Sec	tion C. Computation of Public Sup		<del></del>						
14	Public support percentage for 2015 (line 6, co			)	j	14	98 75%		
15	Public support percentage from 2014 Schedu					_15	0 00%		
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more,							. <b>•</b> X		
h	and stop here. The organization qualifies as a publicly supported organization								
	box and stop here. The organization qualifie					, check this	▶ [		
17a	10%-facts-and-circumstances test—2015		•		or 16b and line 1				
	is 10% or more, and if the organization meets	s the "facts-and-circ	cumstances" test, o	check this box and	stop here. Explai	n in			
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
	organization					- •	▶		
O	10%-facts-and-circumstances test—2014 15 is 10% or more, and if the organization me								
	Part VI how the organization meets the "facts					pioni iii	<u>-</u>		
	supported organization			•			▶ 🗀		
18	Private foundation. If the organization did n	ot check a box on l	ine 13, 16a, 16b, 1	7a, or 17b, check t	this box and see		_		
	instructions	<u></u>	<u> </u>				▶		

#### SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service
Name of the organization

# 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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Judicial Education Project							20-2466871	
Part I General Information on Grants and Assistance								
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States</li> </ul>							X Yes No	
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) Ethics and Public Policy Center 1730 M St , NW, Ste 910 Washington,	52-1162185	501 c 3	5,000	0			General Support	
(2) RJ Johnson Legal Defense Fund 3801 Kennet Pk, C200 Greenville, DE	47-6333160	Trust	795,000	0			General Support	
(3) CenterRule of Law 10560 Fox Forest Dr Great Falls, VA 2	20-3870703	501 c 3	355,000	0			General Support	
(4) The Frontier Lab W5027 Cobblestone Rd Walworth, WI	45-2838483	501 c 3	75,000	0			General Support	
(6)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)	_							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  3 Enter total number of other organizations listed in the line 1 table								

## 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.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Name of the organization	Employer identification number				
Judicial Education Project	20-2466871				
Form 990, Part VI, Line 12 Officer/director is required to read Conflict of Interest Policy					
and disclose any potential conflicts, in annual basis.					
Form 990, Part VI, Line 15. The compensation of the officer/Director is reviewed annually by					
the Governing Body and established based on performance and available data of compensation of					
similar organizations.	<b></b>				
Form 990, Part IX, Line 11g: Amount of \$1,868,716 consist of. Clerical Assistance 118,000,					
Commuications Advise on Legal. 110,000, Legal Research 10,000, Management and Legal Rese	arch				
93,799, Strategic Advise 375,000,Tax law reserch 1,917, Public Relations:1,051,000, Polling:					
109,000					