

Form **990**.

Return of Organization Exempt From Income Tax

....

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

2016

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

A	For the	е 2016 са	lendar year, or tax year	beginning			, and e	nding	<u> </u>		
В	Check if a	applicable	C Name of organization	Judicial Educat	ion Project				D Employer	identif	fication number
	Address	change	Doing business as]		
$\overline{}$			Number and street (or P	O box if mail is not o	lelivered to street a	address)	Room/suite		20-2466871		
Ш	Name ch	ange	3220 N Street NW				268		E Telephone	numbe	er
	Initial retu	urn	City or town		State	е	ZIP code		(574) 047 0		
$\overline{}$			Nashington DC 20007 (571) 247-3688								
Ш	Final return	n/terminated	Foreign country name	Foreign p	rovince/state/coun	ty	Foreign posta	code	1		
X	Amended	d return							G Gross rece	pts \$	12,375,000
			E. Nama and address of an	annal officer	•						
Ш	Application	on pending	F Name and address of pn	•				H(a) is	his a group return fo	or suboi	rdinates? Yes X No
			Daniel Casey 3220 N	Street, NW Ste	268, Washing	iton, DC	<i>2</i> 0007 <u>/</u>	H(b) A	re all subordinate	s ınclu	ded? Yes No
1	Tax-exem	npt status	X 501(c)(3) 501(c) () 	(insert no)	4947(a)(1)	§ 1 → 327	lf If	"No," attach a lis	(see	instructions)
	Moherto	e: ► N/A		· · · · · · · · · · · · · · · · · · ·				1,,,,			_
						-		H(C) G	roup exemption n	umber	
<u>K</u>	Form of o	rganization	X Corporation	rust Associat	on U Other 🕨	<u> </u>	L Ye	ar of forn	nation 2004	M:	State of legal domicite VA
	Part I	Su	mmary			1					
	1		lescribe the organization	n's mission or m	nost significant	activities	. The	Judicia	I Education F	roiec	t has been
8		-	hed for charitable and		_						
Activities & Governance			n the role of the Judicia				cii alia caa	cate th			•
'n	1 _										
ð	2		his box ▶ if the o	-			or disposed	of mo	re than 25% c	of its r	net assets
Ö	3	Number	r of voting members of	the governing bo	ody (Part VI, lir	ne 1a)				3	2
S S	4	Number	of independent voting	members of the	governing boo	dy (Part \	/I, line 1b)			4	1
Ę	5	Total nu	ımber of ındıvıduals em	ployed in calend	dar year 2016 ((Part V, I	ne 2a)			5	2
ĕ	6	Total nu	ımber of volunteers (es	timate if necess	arv)	===				6	
Ğ	7a	Total ur	related business rever	ue from Part VII	lt. column (d).	عادا عقار	IVED	- 1	l	7a	0
	b		elated business taxable					101		7b	0
_	Ť	1101 01111	oracoa baorroco taxabre		163		0 0040) 	Prior Year		Current Year
	8	Contrib	utions and grants (Part	\/III lino 1h\		10V 1	9 2018	 	11,335	700	
Revenue					[W]			HS.	11,333		12,375,000
ē	9	Progran	n service revenue (Par	VIII, line 2g)				┞╧┞		0	0
è	10	Investm	ent income (Part VIII, o	column (A), lines	3, 4, and 7(1)	GDE	N. UT	\vdash		0	0
_	11		evenue (Part VIII, colun					<u></u>		0	0
	12		venue—add lines 8 throu				ne 12)	ļ	11,335	,700	12,375,000
	13	Grants	and similar amounts pa	id (Part IX, colu	mn (A), lines 1	- 3)			1,230	,000	2,865,000
	14	Benefits	s paid to or for member	s (Part IX, colum	nn (A), line 4)				0		
S	15	Salaries	, other compensation, en	nployee benefits (Part IX, column	(A), lines	5–10)		362,485		
Expenses	16a		ional fundraising fees (,			<u>,646,</u> 0	0
bei	b		ndraising expenses (Pa				0		ALK SO MA		できる。 日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日
ŭ	17		xpenses (Part IX, colur	•			-	1	9,944		6,981,120
	18		penses Add lines 13-				25)		11,491	_	10,208,605
	19		•			1 (//), 11116	23)	}		_	
- 4		Neverlu	e less expenses Subtr	act iiiie 10 ii0iii	1115 12			D	ning of Current	,363	2,166,395
ets or	20	Total s	ente (Dert V. line 40)					Degin	 _		End of Year
SSe	20		sets (Part X, line 16)			•			61	,060	2,227,455
Net Ass	21		bilities (Part X, line 26)							0	0
2 .	22	Net ass	ets or fund balances S	ubtract line 21 f	rom line 20			<u> </u>	61	,060	2,227,455
P	art II	Sig	nature Block								
			y, I declare that I have examir								e
and	belief, it i	is true, corre	ect, and complete Declaration	of preparer (other th	an officer) is base	d on all info	rmation of whic	h prepare		_ -	
Sig	nn		<u>Daniel L Cas</u>	ey					11	/13/1	8
			Signature of officer	0							
He	re		Daniel L Casey, Pre	sident							
			Type or print name and title	·····							
	-	Pnn	VType preparer's name	1	Preparer's signatur						
Pa	id		Nice to the state of a state of		Thoma						
		<u>, [t</u> f	Raymond Conlon		inoma						
	eparer		n's name ► Conlon and	d Associates LL	c						
US	e Only	у 		213 Silver Spri							

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see ins

Form 9	90 (2016)	Judicial Education Project		2	20-2466871_	Page 2
Pa	rt III	Statement of Program Servi	ice Accomplishments a response or note to any line in	thic Part III		
			a response of note to any line in	uns rait iii .	• •	
1	The Jud		ablished for charitable and educational on the role of the Judiciary as laid out i			
2	Did the	organization undertake any significar	nt program services during the year wh	arch were not listed on		
2	the prior	Form 990 or 990-EZ? describe these new services on Sch	-	iich were not listed on	Yes	X No
3			ake significant changes in how it condi	ucts, any program		
J	services	-	•	20to, any program	Yes	X No
4			accomplishments for each of its three	largest program services, a	s measured by	
	expense		rganizations are required to report the			
4a	Suprem and a courts, I Organiz as well v Heller Columb Comme	2016 the Organization participated in a Court including merits briefs in Little art-stage brief in United Student Aid Fincluding in Veasey v Abbott in the Unation engaged in significant educations others including Friedrichs v Callestedt, U S v Texas, Matal v Tam, May v Comer The Organization conducted Clause, the Wisconsin John Doe egulations	10,107,142 including grants of \$ a number of significant amicus briefs in the Poor views briefs in the Poor views briefs in the Poor views briefs. Significant amicus briefs in the Fifth Circuin and media efforts regarding the afortion in the Teachers Association, Whole Williams in the Views	before the U S S v Texas fs at other iit The ementioned cases Vomen's Health rch of derstanding of the		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	})
			• • • • • • • • • • • • • • • • • • • •			
					~	
					••••	
			·			
						
						-
						_
	/O - 1			\ \(\(\)		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$,)
				,	***************************************	
						
4d	-	ogram services (Describe in Schedi				
4-	(Expens		g grants of \$ 0) (F	Revenue \$	0)	
40	LOTAL DE	ogram service expenses	IU. IU7. I 42			

Part IV	Checklist of	of Required	Schedules
	Oliconiist (JI INGUUNGU	Juliedales

		- 1	162	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		Х
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,	5		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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	·	Х
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		į	
	Schedule D, Part VI	11a		<u> </u>
þ	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	446		v
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	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	444		v
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		<u>X</u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		^
	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)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Х
1 Z d	Schedule D, Parts XI and XII	12a		Х
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
I4a	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		X
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	15		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х

19? Note. All Form 990 filers are required to complete Schedule O

	delical Education Flores	20-2400011		age 🔫
Par	t IV Checklist of Required Schedules (continued)		Yes	No
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	200	163	X
		20a		 ^-
	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	<u></u>
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	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ļ
	organization's current and former officers, directors, trustees, key employees, and highest compensated			ŀ
	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	l	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1 - 1 - 1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b		200		 ^``
-	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250	 -	 ^-
20				
	current or former officers, directors, trustees, key employees, highest compensated employees, or	20		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
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			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	-	_	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Ì	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
•	III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
D.	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	330		
50	organization? If "Yes," complete Schedule R, Part V, line 2	36		_
27	· ·	36	-	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		X
7 2	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11h and	1	ı	1

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					[
					T	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a		12		, [. ••
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	report	able		_ _		<u>.</u>
	gaming (gambling) winnings to prize winners?			10	1	X	
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		_2	- -		- 17
b	if at least one is reported on line 2a, did the organization file all required federal employment tax re			2t	<u> </u>	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ons)			-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			38	_	_	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedu			3t	4	_	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other						
	over, a financial account in a foreign country (such as a bank account, securities account, or other	financi	ıal		ļ		.,
	account)?			48	1		_ <u>X</u>
b	If "Yes," enter the name of the foreign country			-			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	II Acco	unts	│		~	, ,
_	(FBAR)			- <u>-</u> -	_ ~		\
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year		•	58	_	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	11	5t	-	\dashv	Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	l tha		50	+	\dashv	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	ı ıne		.ء			v
L	organization solicit any contributions that were not tax deductible as charitable contributions?	itions :	or.	68	+	- ;	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions are presented as a deductible?	เนบกร (ار	61		- [
7	gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c).					-31	ı, '
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or acco	de		_1		.,
а	and services provided to the payor?	n goo	13	78			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			71	$\overline{}$		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was		<u> </u>	+	•	
·	required to file Form 8282?			70	.	١.	Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				_1	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		act?	70			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit co			7			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8			79			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain						
_	sponsoring organization have excess business holdings at any time during the year?	•		8	-		
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the sponsoring organization make any taxable distributions under section 4966?			9:	a]		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			91	o		
10	Section 501(c)(7) organizations. Enter				T		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					**
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		.		ا دو ۰	
11	Section 501(c)(12) organizations. Enter					-	
а	Gross income from members or shareholders	11a					4
b	Gross income from other sources (Do not net amounts due or paid to other sources				-		
	against amounts due or received from them)	11b			_		<u>. </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		417	12	а		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		╝,	$\cdot $		٠,
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?			13	a		 -
	Note. See the instructions for additional information the organization must report on Schedule O					τ .	
þ	Enter the amount of reserves the organization is required to maintain by the states in which	14			-	- '	~ 7
	the organization is licensed to issue qualified health plans	13b	 			-	
С	Enter the amount of reserves on hand	13c		- '	_		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in School	ule O		14	a	- 1	

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				
-				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	ļ ·	٠,	, [
	If there are material differences in voting rights among members of the governing body, or				1
	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	1b 1	,	•	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with			لبيا
	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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a	assets?	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint			
	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	1			١
	stockholders, or persons other than the governing body?		7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during			_'
	the year by the following			عتت	كبيد
a	The governing body?		8a	X	ļ
b	Each committee with authority to act on behalf of the governing body?		8b	X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be related to the second of t	eacned			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	1-t1 D	9		<u> </u>
Sect	ion B. Policies (This Section B requests information about policies not required by the	<u>ınternai Revenue (</u>	<i>Joae</i>	Yes	No
100	Did the organization have local chapters, branches, or affiliates?		10a	162	X
10a	If "Yes," did the organization have written policies and procedures governing the activities of such	chanters	IVa		 ^-
b	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 this Form 990 to all members of its governing body before the copy of		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	are ming the form		- ,7	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	X	\vdash
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
_	describe in Schedule O how this was done	,	12c	x	
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	val by	•	4	. [
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			<u> </u>	
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				` .
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	jement	<u></u>		اـــــــــــــــــــــــــــــــــــــ
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		· .		{
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard	. ;		لـنــا
	the organization's exempt status with respect to such arrangements?		16b		<u> </u>
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed	0 T (0-11 - 504/)/0		-,	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	u- i (Section 501(c)(3	s only	/)	
	available for public inspection. Indicate how you made these available. Check all that apply	ralam in Cabadida O			
40		plain in Schedule O)	OV 05	v.d	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	connict of interest pol	cy, ar	iu	
20	financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's l	nonks and records	_		
20		(571) 247-3688	-		
	Neil Corkery 3220 N Street NW, Ste 268, Washington, DC 20007	107.17.247-0000			
	OZZO IT GROCK ITTT, GIO ZOO, TTGGIIIIIGGII, DO ZOOT				

Form 990 (2016)	Judicial Education Project									20-24668	71 Page 7
Part VII	Compensation of Officers, Dire	ctors, Truste	es, K	ey	Em	plo	yee	s, ŀ	lighest Comp	ensated	
	Employees, and Independent C							_			
0 4 4	Check if Schedule O contains a re	<u> </u>									
Section A.	Officers, Directors, Trustees, Key E										
organization's	this table for all persons required to be lack vear	istea Report co	mpen	ısatı	on i	or ti	ne ca	iend	ar year ending v	with or within the	
•	of the organization's current officers, di	rectors, trustees	(whe	the	r inc	livid	luals	or o	rganizations), re	gardless of amo	unt
	ion Enter -0- in columns (D), (E), and (3	5	
	of the organization's current key emplo										,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	organization's five current highest conreportable compensation (Box 5 of For										yee)
	and any related organizations							,		,	
	of the organization's <mark>former</mark> officers, ke eportable compensation from the organ							ed e	employees who r	eceived more th	an
	of the organization's former directors (•			_			ity a	as a former direc	tor or trustee of	the
•	more than \$10,000 of reportable compe		-						_		
•	n the following order individual trustees employees, and former such persons	or directors, ins	titutic	nal	trus	tee	s, offi	cers	s, key employees	s, highest	
, `	is box if neither the organization nor any	v related organiz	ation	con	nne	nsat	ted a	างก	urrent officer du	ector or trustee	
Oncok un	is box if neutrer the organization nor any		1	-	(C					cotor, or tradice	
						ition					
	(A) Name and Title	(B) Average					than o		(D) Reportable	(E) Reportable	(F) Estimated
		hours per week (list any	office	er an	d a d	irecto	or/trust	ee)	compensation from	compensation from related	amount of other
		hours for	Individual or director	Institutional	Officer	Key 6	emple emple	Former	the	organizations	compensation from the
		related organizations	ecto	tion	4	employee	oyee	9	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
		below dotted line)	Individual trustee or director	ם		oyee	mpe				and related organizations
			6	trustee			Highest compensated employee				
							8				,
(1) Carrie S Director/Secre	Severino	30 00 0 00	x		x				154,698	0	0
(2) Daniel		3 00	<u> </u>	-	^				104,090		,
Director/Presi		0 00	Х		X				0	0	0
(3)		· · · · · · · · · · · · · · · · · · ·									
(4)				 				-			
					L						
(5)											
(6)											
(7)											
							<u>. </u>				
(<u>8</u>)											
(9)										<u>-</u>	
				L							
(10)											
(11)					 						
(12)				-	ļ			-			
			_							-	
(13)											

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P	Section A. Officers, Directors, Tru	istees, Key Em	oloye	es,	and	l Hi	ghes	t Co	ompensated Em	ployees (contin	ued)		
	• (A) Name and title	(B) Average hours per week (list any	box, office	unles er an	Pos neck ss pe d a d	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	ı	(F) Estimate imount o other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or a	mpensat from the ganizati nd relate ganizatio	e on ed
(15)								-					
(16)													
(17)												<u> </u>	
(18)													
(19)						_							
(20)													
(21)													
(22)													
(23)													
(24)						 							
(25)													
1b	Sub-total					<u> </u>			154,698	0			0
С	Total from continuation sheets to Part VII, S	ection A						•	0	0	ļ		0
<u>d</u>	Total (add lines 1b and 1c)							•	154,698	0	<u> </u>		0
2	Total number of individuals (including but not lir reportable compensation from the organization		ted a	bov	e) v 1	vho	recei	ved	more than \$100	,000 of			
3	Did the organization list any former officer, dire	ector, or trustee.	kev e	mpl	ove	e. o	r hiat	nest	t compensated			Yes	No a si
	employee on line 1a? If "Yes," complete Sched				,		J				3		Х
4	the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such										×		
5	Did any person listed on line 1a receive or accrefor services rendered to the organization? If "Yo	•			-			_		ridual	5	* (¥£ **;A*;	X
Sec	tion B. Independent Contractors	co, complete oc			, ,,	500	ρυ	50/		· · · · · · · · · · · · · · · · · · ·		<u>ı </u>	
1	Complete this table for your five highest compe	ensated independ	dent o	cont	ract	ors	that r	ece	eived more than !	\$100,000 of	-	-	
	compensation from the organization. Report co										tax		

year

	(A) Name and business address	(B) Description of services	(C) Compensation
Cooper & Kırk	1523 New Hamphire Ave , NW Washington, DC 200	Legal	1,439,711
Creative Response Concepts	2760 Eisenhower Ave, 4th Floor Alexandria, VA 223	Public Relations	1,187,500
Consovoy McCarthy	3033 Wilson Blvd, Ste 700 Arlington, VA 22201	Legal	525,000
Bancroft PLLC	1919 M St , NW, Ste 470 Washington, DC 20036	Legal	373,911
Stein Mitchell	1100 Connecticut Ave NW Ste 1100 Washington, D	Legal	365,695
•	nt contractors (including but not limited to those listed about the organization • 16	·	

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Part VIII Statement of Revenue

		Check if Schedule O contain	s a response o	or no	ote to any line in	this Part VIII			
		•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
8 8	1a	Federated campaigns	_	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	<u> </u>	1b	0				
o de	С	Fundraising events		1c	0			:	
Sifts ar A	d	Related organizations	L	1d	0				
S, E	е	Government grants (contribution	ns)	1e	0				
tlor sr S	f	All other contributions, gifts, gra	nts, and						
룓죍		similar amounts not included ab	ove	1f	12,375,000				
a a	g	Noncash contributions included in	lines 1a-1f.	\$	0				
O 8	h	Total. Add lines 1a-1f			>	12,375,000			-
e					Business Code				
leur	2a			[0			
Ş.	b					0			
Se	C	·				0			
Ser	d					0			
Ĕ	е					0			
Program Service Revenue	f	All other program service reveni	ue			0			
يّ	g	Total. Add lines 2a-2f			>	0			
	3	Investment income (including di	vidends, intere	est,	and				
		other similar amounts)			▶	0			
	4	Income from investment of tax-e	exempt bond p	roc	eeds ►[0			
	5	Royalties			>	0			
			(ı) Roal		(II) Personal	•			,
	6a	Gross rents			-	ar ne	4 .		
	b	Less rental expenses							3 v
	С	Rental income or (loss)		0	0				
	d	Net rental income or (loss)			>	0			
	7a	Gross amount from sales of	(i) Secunties		(ii) Other	•		* -	F.,
		assets other than inventory		Û	Û	1 0	•		
	b	Less cost or other basis							
		and sales expenses		0	0				
	С	Gain or (loss)		0	0				
	d	Net gain or (loss)			>	0			
						, the state of	•	1	
Other Revenue	8a	Gross income from fundraising							
/en		events (not including \$	0						
₹e		of contributions reported on line	1c)						
eri		See Part IV, line 18		а	0				
ţ	b	Less direct expenses		b	0				
0	С	Net income or (loss) from fundra	_		>	0			
	9a	Gross income from gaming activ	vities						
		See Part IV, line 19		а	0				
		Less, direct expenses		b	n		<u> L'</u>		
		Net income or (loss) from gamir	ng activities		>	0	· · · · · · · · · · · · · · · · · · ·		
	10a	Gross sales of inventory, less							
		returns and allowances		а	0				
		Less cost of goods sold		b	0				 -
	<u>C</u>	Net income or (loss) from sales	of inventory		>	0			
		Miscellaneous Revenue			Business Code				
	11a					0			
	b					0			
	С					0			
	d	All other revenue				0			
	е	Total. Add lines 11a-11d			▶	0			
	12	Total revenue. See instructions	}		▶	12,375,000	0	l 0	i 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)

	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.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations			Commence of the second of the								
	domestic governments See Part IV, line 21	2,865,000	2,865,000	国際大学 大学社	the second second							
2	Grants and other assistance to domestic				3							
	individuals See Part IV, line 22	0	0	2 . 2 . 26 & 2 . 2 . 2 . 2 . 4 . 4 . 4 . 4 . 4 . 4 .	18 8 1 1 1 5 to							
3	Grants and other assistance to foreign	:										
	organizations, foreign governments, and foreign											
_	individuals See Part IV, lines 15 and 16	0		198 (1984 PMC) 1	1							
4	Benefits paid to or for members	• 0		14 Sept - 17 19 19	江湖、 上江市							
5	Compensation of current officers, directors,	454.000	454.600									
•	trustees, and key employees	154,698	154,698	0								
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and	0										
7	persons described in section 4958(c)(3)(B) Other salaries and wages	195,000	177,500	17,500								
7 8	Pension plan accruals and contributions (include	193,000	177,300	17,500								
0	section 401(k) and 403(b) employer contributions)	l										
9	Other employee benefits	0										
10	Payroll taxes	12,787	11,152	1,635	.,							
11	Fees for services (non-employees)	12,101	11,102	1,000	;							
``a	Management	0			·							
b	Legal	4,279,404	4,258,830	20,574								
c	Accounting	0	1,,-,-	,_								
d	Lobbying	0										
e	Professional fundraising services See Part IV, line 17	0	にはある ひばらか 数水	THE SOUTH SE								
f	Investment management fees	0			M							
g	Other (If line 11g amount exceeds 10% of line 25, column				•							
J	(A) amount, list line 11g expenses on Schedule O)	2,433,919	2,433,919	0								
12	Advertising and promotion	0			*							
13	Office expenses	2,976	270	2,706	1							
14	Information technology	0										
15	Royalties	0			•							
16	Occupancy	0										
17	Travel	48,429	34,141	- 14,288								
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	0										
19	Conferences, conventions, and meetings	190,890	151,578	39,312								
20	Interest	0										
21	Payments to affiliates	0										
22	Depreciation, depletion, and amortization	5 110	0									
23	Insurance	5,448	E VII B COMER II. SAN O	5,448	SENSON BUT WESTE							
24	Other expenses. Itemize expenses not covered		经验的证明	[20] 经现代的								
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column			建筑建筑	STATE OF THE STATE							
	(A) amount, list line 24e expenses on Schedule O)	是我的		The state of the s	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.							
_	Donations	20,054	20,054	a being a a a Country to the act	E TO MORE THE COLUMN SOUTH THE							
a b		20,034	20,004									
C		0										
d		0										
e	All other expenses	0										
25	Total functional expenses. Add lines 1 through 24e	10,208,605	↓	101,463	(
26	Joint costs. Complete this line only if the	13,203,300		151,100								
	organization reported in column (B) joint costs											
	from a combined educational campaign and											
	fundraising solicitation Check here ▶☐ If											
	following SOP 98-2 (ASC 958-720)			l								

(,	oddiolai Eddodiioi i Tojoot
	Palamas Chast

		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		61,060	1	2,227,455
	2	Savings and temporary cash investments		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 for	ormer officers, directors,			1
		trustees, key employees, and highest compensation	ated employees			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified person	ns (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a	nd contributing employers and		- 1	
		sponsoring organizations of section 501(c)(9) voluntary e	mployees' beneficiary	· · · · · · · · · · · · · · · · · · ·		
ets		organizations (see instructions) Complete Part II of Sche	dule L		6	
Assets	7	Notes and loans receivable, net		0	7_	0
4	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or		•		
		other basis Complete Part VI of Schedule D	10a 0			 }
	b	Less accumulated depreciation		0	10c	0
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line	0	12	0	
	13	Investments—program-related See Part IV, line	: 11 ļ	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 equ	al line 34)	61,060	16	2,227,455
	17	Accounts payable and accrued expenses	-		17	
	18	Grants payable		18		
	19	Deferred revenue	}		19	
	20	Tax-exempt bond liabilities	7-4 N/ -4 O-1-4-4-1- D		20	<u> </u>
	21	Escrow or custodial account liability Complete I	r		21	
Ë	22	Loans and other payables to current and former				
ij		trustees, key employees, highest compensated disqualified persons. Complete Part II of Sched			22	J
Liabilities	22		7	0	23	0
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate		0	24	0
	25	Other liabilities (including federal income tax, pa				
	23	parties, and other liabilities not included on lines	′			
		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	S) check here			Ş
S		complete lines 27 through 29, and lines 33 a				į
ž	27	Unrestricted net assets	14 04.	61,060	27	2,227,455
a <u>la</u>	27	Temporarily restricted net assets		01,000	28	2,221,455
or Fund Balances	28 29	Permanently restricted net assets			29	
Ĕ	29	·				
正		Organizations that do not follow SFAS 117 (ASC958),	check here			. }
		complete lines 30 through 34.				
Net Assets	30	Capital stock or trust principal, or current funds			30	
ASS	31	Paid-in or capital surplus, or land, building, or e			31	
et,	32	Retained earnings, endowment, accumulated in	come, or other funds	04.000	32	0.007.455
Z	33	Total net assets or fund balances		61,060	33	2,227,455
	34	Total liabilities and net assets/fund balances		61,060	34	2,227,455

Form 9	990 (2016) Judicial Education Project	20-	<u> 2466871</u>	Pag	e 12
Part	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	12	2,375	,000
2	Total expenses (must equal Part IX, column (A), line 25)	2	1(0,208	,605
3	Revenue less expenses Subtract line 2 from line 1	3		2,166	,395
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		61	,060
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,				
	column (B))	10		2,227	,455
Part	XII Financial Statements and Reporting			ı	—
	Check if Schedule O contains a response or note to any line in this Part XII.				
			,	Yes	No
1	Accounting method used to prepare the Form 990 CashX Accrual Other		-		. 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				, - }
	Schedule O				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both		,	, è "	, ,
	Separate basis Consolidated basis Both consolidated and separate basis		ألمسط	of Berria	
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			1.	
	separate basis, consolidated basis, or both			٤	
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	f	<u> </u>		
	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				٠. ا
	Schedule O		أحسفسد		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u></u>
			Form	990	(2016)

SCHEDULE A • (Form 990 or 990-EZ)

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

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

▶ 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

Inspection Employer identification number

Name of the organization					Employer identification	
Judicial Education Project					20-24	66871
Part I Reason for Public Char						
The organization is not a private foundar 1 A church, convention of church		•	•		•	
2 A school described in section	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	0-EZ))		7
3 A hospital or a cooperative hos	pital service organiz	ation described in sec	tion 170(l	o)(1)(A)(iii	i).	O(l)
4 A medical research organization hospital's name, city, and state	· · ·	nction with a hospital d	escribed i	n section	170(b)(1)(A)(iii). En	ter the
5 An organization operated for the section 170(b)(1)(A)(iv). (Com		e or university owned	or operate	d by a go	vernmental unit desc	cribed in
6 A federal, state, or local govern	ment or governmen	ital unit described in se	ction 170	(b)(1)(A)(v).	
7 X An organization that normally r described in section 170(b)(1)			m a gover	nmental 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 organi or university or a non-land-grai university						
An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt function income and unrelated	ns—subject to certain ed business taxable in	exception come (les	s, and (2) s section (no more than 33 1/3 511 tax) from busine	3% of its
11 An organization organized and	operated exclusivel	y to test for public safe	ety See se	ection 509	9(a)(4).	
An organization organized and of one or more publicly suppor Check the box in lines 12a thro	ted organizations de	scribed in section 509	a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
a Type I. A supporting organization(organization You must cor	s) the power to regu	ilarly appoint or elect a	oy its supp majority o	orted orga of the direc	anization(s), typically ctors or trustees of th	by giving ne supporting
b Type II. A supporting organic control or management of the organization(s) You must o	ne supporting organi	ization vested in the sa				
c Type III functionally integr	ated. A supporting of	organization operated <u>i</u>	n connect	ion with, a	and functionally integ	rated with,
its supported organization(s						anization(s)
d Type III non-functionally in that is not functionally integree requirement (see instruction	rated The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att	
e Check this box if the organi functionally integrated, or T	zation received a wr	itten determination from	m the IRS	that it is a		e III
f Enter the number of supported	-					0
g Provide the following information (i) Name of supported organization	n about the support	(iii) Type of organization (described on lines 1–10	listed in you	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
		above (see instructions))	docui	ment?	instructions)	instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

Page 2

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
2	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	1,525,000	2,520,110	9,077,000	11,335,700	12,375,000	36,832 <u>,</u> 810 0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total Add lines 1 through 3	1,525,000	2,520,110	9,077,000	11,335,700	12,375,000	36,832,810
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,		} +				4 544 000
c	column (f)	-	<u>†</u>		,		1,511,688 35,321,122
Sec	Public support. Subtract line 5 from line 4 ction B. Total Support	!					33,321,122
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1,525,000	2,520,110	9,077,000	11,335,700	12,375,000	36,832,810
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						36,832,810
12 13	Gross receipts from related activities, etc. (see First five years. If the Form 990 is for the or organization, check this box and stop here	rganization's first, s		n, or fifth tax year a	s a section 501(c)((3)	> _
Sec	ction C. Computation of Public Suj	pport Percenta	age				
14	Public support percentage for 2016 (line 6, c			7))		14	95 90%
15	• • • • • • •					15	98 75%
	33 1/3% support test—2016. If the organization qualifies as	a publicly support	ed organization				► X
	33 1/3% support test—2015. If the organization dualified box and stop here. The organization qualified	es as a publicly sup	ported organizatio	n			▶ □
17a	10%-facts-and-circumstances test—2016 is 10% or more, and if the organization meet Part VI how the organization meets the "facts organization	s the "facts-and-cir	cumstances" test,	check this box and	stop here. Explai	n in	▶ [
b	10%-facts-and-circumstances test—2015 15 is 10% or more, and if the organization m Part VI how the organization meets the "facts supported organization	eets the "facts-and	-cırcumstances" te	st, check this box a	ind stop here. Ex		>
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b.	17a, or 17b, check	this box and see		
. •	instructions		,,,	,			▶

Page 3

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

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

Sec	tion A. Public Support	anly under the	icata nated bei	ow, picase con	ipiete i art ir j		/
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) -4 :-	(4) = 0.10	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(4) 45 15	1-7	
	received (Do not include any "unusual grants")						/ 0
2	Gross receipts from admissions, merchandise					-	
	sold or services performed, or facilities						Y
	furnished in any activity that is related to the organization's tax-exempt purpose					/	1 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						
	its behalf					/	0
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	ø	0	+
	Amounts included on lines 1, 2, and 3						
	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
c	Add lines 7a and 7b	0	0	0	/ 0	0	0
8	Public support (Subtract line 7c from	4 4 2 ,	}		/		
•	line 6)	` '	, <u>t</u>	ر. ا	/	'	0
Sec	tion B. Total Support			/			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014/	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	0	0	/ 0	0	O	0
10a	Gross income from interest, dividends,			/			
	payments received on securities loans,	:		/			'
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			/			
	acquired after June 30, 1975			/			0
С	Add lines 10a and 10b	0	Ò	0	0	C	0
11	Net income from unrelated business		/				
	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income Do not include gain or			•			
	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	C	0
14	First five years. If the Form 990 is for the or	ganızatıon's first, ع	econd, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						<u> </u>
Sec	ction C. Computation of Public Sup	pport Percénta	age	· · · · · · · · · · · · · · · · · · ·			
15	Public support percentage for 2016 (line 8, c		=	(f))		15	0 00%
16	Public support percentage from 2015 Schedu					16	0 00%
Sec	ction D. Computation of Investmen						
17	Investment income percentage for 2016 (line			olumn (f))		17	0 00%
18	Investment income percentage from 2015 Sc					18	0 00%
19a	33 1/3% support tests—2016. If the organi					and line 17 is	
	not more than 33 1/3%, check this box and s					00.4/00/ - 1	▶ _
b	33 1/3% support tests—2015. If the organia						
	line 18 is not more than 33 1/3%, check this	•					~
$\alpha \Lambda$	- Danicato to indiction If the ergonization did a	101 0B00P 0 B0V 00	UDA 1/1 1UA AC 10	an ender this have	ann coo incinience		- 1

determine whether the organization had excess business holdings)

Part IV

Supporting Organizations

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

Sect	tion A. All Supporting Organizations			Na
4	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
1	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation of historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
4	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)	2		 -
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	(b) and (c) below	3a		-
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		\
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	0.5		
·	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		-
4a	and the second s	00		٠.
40	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	10		
-	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	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	1		1
•	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	4c		
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,		١.	١, ١
	(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)	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	'	ĺ	. '
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or	<u> </u>	l	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	_8_		<u> </u>
9a	, , , , , , , , , , , , , , , , , , , ,			
	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 .	9a		
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.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			<u> </u>
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u> </u>	<u> </u>
10a	3			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	-	<u> </u>
b				.
	determine whether the organization had excess business holdings)	10b	I	1

`_Schedu	le A (Form 990 or 990-EZ) 2016 Judicial Education Project 20	0-2466871	F	age 5
Part				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	16	4	13.
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	L	ļ
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V	/l. 11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			}
	controlled the organization's activities. If the organization had more than one supported organization,			.
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<u> </u>		<u> </u>
	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			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		1	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	ion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	<u> </u>		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	i ii	3	* *
	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		Ļ	
	, and the state of		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prio	r tax	* 1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1 4		1
	organization's governing documents in effect on the date of notification, to the extent not previously provided			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI he	ow 📑		1
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	•		{
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		-	
	supported organizations played in this regard	3		
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 instruction	15)	
a .	The organization satisfied the Activities Test. Complete line 2 below	300 111011 4011011	.0,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government of	entity (see instru	ctions	<i>i)</i>
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	.
	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		. :	لحدا
	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			· 1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	•4
	reasons for the organization's position that its supported organization(s) would have engaged in these	,		أينيا
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			'1
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	F1	1_	_ `.
-	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		<u> </u>	
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	rgar	izations	<u> </u>					
Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E								
instructions. All other Type III non-functionally integrated supporting organ	nızatıc	ons must complete Sections						
Section A - Adjusted Net Income	_	(A) Prior Year	(B) Current Year (optional)					
1 Net short-term capital gain	1							
2 Recoveries of prior-year distributions	2							
3 Other gross income (see instructions)	3							
4 Add lines 1 through 3	4	0	C					
5 Depreciation and depletion	5							
6 Portion of operating expenses paid or incurred for production or								
collection of gross income or for management, conservation, or								
maintenance of property held for production of income (see instructions)	6							
7 Other expenses (see instructions)	7							
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	C					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
Aggregate fair market value of all non-exempt-use assets (see								
instructions for short tax year or assets held for part of year)		•						
a Average monthly value of securities	1a							
b Average monthly cash balances	1b							
c Fair market value of other non-exempt-use assets	1c	"						
d Total (add lines 1a, 1b, and 1c)	1d	0						
e Discount claimed for blockage or other	· .		7.					
factors (explain in detail in Part VI)								
Acquisition indebtedness applicable to non-exempt-use assets	2		•					
3 Subtract line 2 from line 1d	3	0	C					
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,								
see instructions)	4	o	C					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	C					
6 Multiply line 5 by 035	6	0	C					
7 Recoveries of prior-year distributions	7	. 0	C					
8 Minimum Asset Amount (add line 7 to line 6)	8	0	C					
Section C - Distributable Amount		,	Current Year					
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		C					
2 Enter 85% of line 1	2	11	C					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		C					
4 Enter greater of line 2 or line 3	4		C					
5 Income tax imposed in prior year	5							
6 Distributable Amount. Subtract line 5 from line 4, unless subject to								
emergency temporary reduction (see instructions)	6		C					
7 Check here if the current year is the organization's first as a non-functional	lly inte	egrated Type III supporting	organization (see					
instructions)								

10	Line 8 amount divided by Line 9 amount	·		0 000
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			0
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required—explain in Part VI) See]
	instructions			
3	Excess distributions carryover, if any, to 2016			1
а	1			,
b	T .			: ·
С	From 2013 0			,
d	From 2014 0			\$
е	From 2015 0			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2016 distributable amount			Ú
i	Carryover from 2011 not applied (see instructions)	th the state of	داستاه المادات	តិ ស្ត្រ ស្ត្រីព្រៃស្រ្តាក្
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	0	•	
4	Distributions for 2016 from			1 1 1
	Section D, line 7 \$ 0		_	
а	Applied to underdistributions of prior years		0	
b	Applied to 2016 distributable amount			0
С	Remainder Subtract lines 4a and 4b from 4	0		
5	Remaining underdistributions for years prior to 2016, if			1
	any Subtract lines 3g and 4a from line 2 For result			ļ
	greater than zero, explain in Part VI. See instructions		0	,
6	Remaining underdistributions for 2016 Subtract lines 3h		•	
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			0
7	Excess distributions carryover to 2017. Add lines 3j			-
	and 4c	0		ĺ
8	Breakdown of line 7			
а				
b	Excess from 2013 0			
с	Excess from 2014 0	4		
d	Excess from 2015 0		n	4
е	Excess from 2016 0			

Schedule A (Fo	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or	20-2466871 17b, Part	Page 8
•	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V,	Section 1c, 2a, 2b,	
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		
			· · · · · · · · · · · · · · · · · · ·

			,
			1

SCHEDULE I (Form 990)

Department of the Treasury

Judicial Education Project

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

20-2466871

Part General Information				<u>-</u>	······································		
Does the organization mainta the selection criteria used to:	award the grants	s or assistance?		•	ligibility for the grants of	or assistance, and	X Yes No
	Assistance to	Domestic Orga	nizations and Dome more than \$5,000 P	stic Governments			ed "Yes" on Form
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) George Mason University Foundation 4400 University Dr MSN 1A3 U Hall F	54-1603842	501 c 3	350,000	0			General Support
(2) Citizens for Self Governance 106 E St, Ste 900 Austin, TX 78701	27-1657203	501 c 3	400,000	0			General Support
(3) Equal Voting Rights Institute PO Box 12207 Dallas, TX 75225	38-3876682	501 c 3	50,000	0			General Support
(4) Center for Security Policy 1901 Pennsylvania Ave, NW Ste 201 V	52-1601976	501 c 3	128,000	0			General Support
(5) Center for Rule of Law 10560 Fox Forest Dr Great Falls, VA 2	20-3870703	501 c 3	760,000	0			General Support
(6) NFIB Small Business Legal 1201 F St NW Ste 200 Washington, [62-1570449	501 c 3	32,000	0			General Support
(7) RJ Johnson Legal Defense Fund 3801 Kennet Pk, C200 Greenville, DE	47-6333160	Trust	445,000	0			General Support
(8) Judicial Evaluation Institute 701 8th St NW Ste 500 Washington, D	52-2052581	501 c 3	150,000	0			General Support
(9) Private Citizen 1100 Main St, Ste 2750 Kansas City, N	47-3700921	501 c 3	550,000	0			General Support
(10)							
(11)							
(12)	504(-)(2) 1		tions leated in the line of	table			7
2 Enter total number of section3 Enter total number of other o		•		table .			

		itional space is needed		T	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	40.0
	(a) Type of grant or assistance	(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 assistance
			· · · · ·			
						
V٠	Supplemental Information. Pr	ovide the information r	equired in Part I. Ii	ne 2: Part III. columi	n (b), and any other addit	ional information.
-						

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
2016
Open to Public

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
Figure 2000 Post IV Line 400 Office (December 2000) and the control of the file of the control o	
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 COO. Bort VI. Line 45. The componentian of the Officer/Director is reviewed applied by	
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	
sımılar organizations	
Form 990, Part IX, Line 11g Amount of \$2,433,919 consist of Public Relations 1,205,500, Tax	
law research 141,460, Strategic Advice 520,116, Program Management and Legal Research	
045 000 5 1 1 054 040	
315,000, Education 251,843	
Form 990, Explanation of Amendment Schedule I, Part II, Line 2 The \$950,000 grant	,
incorrectly included \$550,000, the corrected amount is \$400,000. The \$550,000 was granted to	
The street of th	
Private Citizen The grant to Private Citizen is now reported on Line 9	
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Judicial Education Project	20-2466871
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