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Firm's address ▶

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

For Paperwork Reduction Act Notice, see the separate instructions.

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2017 Open to Public

	nal Revent	 			Form990 for I					100	Inspec	
<u> </u>	For the	2017 cale	ndar year, or tax year		October 1			nd ending	Septer	nber 30	, 20 18	
В	Check if applicable C Name of organization. Alabama Judicial college Education Fund Address change Doing business as									D Employ	er identification i	number
	Address	change	Doing business as								46-3426420	
	Name cha	ange	Number and street (or I	PO box if mail is	not delivered to	street addr	ess)	Room/suite		€ Telepho	ne number	
	Initial retu	ırn	300 Dexter Ave								334-954-5089	
	Final return	v/terminated	City or town state or p	rovince, country,	and ZIP or forei	gn postal co	de					
	Amended	return	Montgomery, AL 3610	4]	G Gross re	eceipts \$	664,537
	Application	n pending	F Name and address of p	rincipal officer		•"			H(a) Is this a or	aup return for	subordinates? Ye	s 🗸 No
								_			s included? 🔲 Ye	
<u>. </u>	Тах-ехеп	npt status	✓ 501(c)(3)	501(c) () ◀ (insert no	49470	a)(1) or	□ 527 (2)			a list (see instructi	
<u></u>	Website:			222 44 1(4)	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>, —,</u>	7(-7		H(c) Group	exemption	number 🕨	
ĸ			Corporation Trust	Association	Other ►		L Yea	r of formation			of legal domicile	
	art I	Summ									<u> </u>	
	_		escribe the organizat	ion's mission	nr most sign	uficant ac	tivities	To provid	te training a	nd educal	lion programs fo	or
ģ	1		ials and employees of t		_	mount do	(14)(/GE					
ä								••••				
Governance	2	Check th	s box ▶☐ if the org	anization dis	continued its	operation	e or dis	ennead of	more than	25% of	its net assets	
õ			of voting members o			-		oposeu oi	more man	3		
ص ص			of independent votin	_				line 1b)	• •	4		
12	1		nber of individuals ei	-	_	_				5		
*			nber of volunteers (e		-	בטוז (רפו	L V, III IE	24)	•	6		
Activities &	1		•		• • •	· · · ·		•	•	<u> </u>		
•	1		elated business reve							7a		<u>w.</u>
_	b	Net unrelated business taxable income from Eprin 990-T, line 34								Current Y	laar	
										ai	Current	
ä		Program service revenue (Part VIII, line 2g)										CO4 507
Revenue	9											664,537
Ą												
			renue (Part VIII, colur]Œ :			00450	
			enue-add lines 8 thr					ie 12)		678,304		664,537
	1		nd similar amounts p									· · · · · · · · · · · · · · · · · · ·
	1		paid to or for membe	•		•						
S.	1		other compensation, o	•		-). lines 5	5–10)		<u> </u>		
EI15	1	Professional fundraising fees (Part IX, column (A), line 11e)										
Ехрепѕеѕ												<u> </u>
ш	17	p										584,892
	18	Total exp	enses. Add lines 13-	-17 (must equ	ual Part IX, co	olumn (A),	line 25))		844,102		584,892
	19	Revenue less expenses Subtract line 18 from line 12								165,798)		79.645
Net Assets or Fund Balances	1			_				Be	ginning of Cu		End of Y	
Seta	20	Total ass	ets (Part X, line 16)							319,960		399,605
A Page	21	Total liab	ilities (Part X, line 26) .						0		0
포를	22	Net asse	ts or fund balances	Subtract line	21 from line	20				319,960		399,605
Pa	art II	Signa	ture Block								_ .	
Ųn	der penali	ties of perju	ry, I declare that I have ex	amined this retur	n, including acc	ompanying :	chedules	and stateme	ents, and to th	e best of r	my knowledge an	d belief, it is
tru	e, correct,	and compl	ete Declaration of prepare	er (other than offi	cer) is based on	all information	on of whic	h preparer h	as any knowle	edge		
		1	1 2 love	~/							<u> </u>	
Sig	jn [1 1 1 1 1 1 1	ature of officer	4					Dat	e .		
Here WALLY Lower Di					Disector	Q.				/	8-19	
		Тура	or print name and title	~./ J	<u> </u>	-						
<u> </u>		Print/Ty	pe preparer s name	Pre	parer's signatur	e	***	Date		T 65 1 7	PTIN	
Pa		.			•					Check [self-emp	<u> </u>	
	eparei		ama h						F.,		3	
US	e Only	/ Firm's n	anc F						Firm	's EIN ►		

Yes No Form **990** (2017)

Phone no

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Part	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission. To foster and maintain the integrity of the judiciary, to promote a broader understanding and acceptance of the Unified Judicial
	System, to encourage the exchange of professional knowledge, to enhance the standards of professional ethics, and to encourage
	establish and maintain high standards by assisting in providing continued training and education programs to the officials and
	employees of Alabama's Unified Judicial System
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	· —
2	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	if "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 584,892 including grants of \$) (Revenue \$ 644 537)
	Providing conferences for training and education for court officials and employees of the Unified Judicial System
	LALVELLE
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
-	7

40	(Code.) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code,) (Expenses a including grants of a
	86.7777676.777

4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 584,892

AO

Part	Checklist of Required Schedules		1 30	1
		_	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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	✓
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_		1
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		/
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C.			
	Part III	5		✓
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IXI, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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		1
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		V
12 2	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	111		✓
	Schedule D, Parts XI and XII	12a		1
	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	1
14 a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		√
b	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.	14Ь		1
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		,
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		1
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		1
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		√
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		√
			200	

rart	Checklist of Required Schedules (Continued)			
20.	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No ✓
zva b		20b		7
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		1
2 2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I. Parts I and III	22		1
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_		4
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		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓ ✓
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . 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	24d 25a		√ √
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		J.
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		J.
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		J.
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)			12. 12.
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
C	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		v
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√ √
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	•	4
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	*******	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		✓
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		✓
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		,
38	Oid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	~	

Form **990** (2017)

art	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	. <u>.</u> .		
		Fag 20. 7	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a	0 200		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and		2000 - 1000 2000 - 1000 2000 - 1000	N
_	reportable garning (gambling) winnings to prize winners?	1c	. 9× √45.	Sa
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	V		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	s dia	Die
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	34.25	<u>exte</u>	5.755 V
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3Ь_	<u> </u>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	' 4a		1
	•	7,147 7	<u> </u>	F and
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	. Íng		
	(FBAR)	\$ 100 M	TAIN Call	(数 / 整 化 分 语
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>√</u>
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	Phillip.	N. A	(4) α <u>100 α</u> π 100 α
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	المرابعة الم		Y viñ
	and services provided to the payor?	7a		1
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		√
d	If "Yes," indicate the number of Forms 6282 filed during the year			المنطقة المنطقة
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	lw , to u	···
8.	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8	السراري و ا	: : <u></u>
9	Sponsoring organizations maintaining donor advised funds.	عتستس	Take Take	متنسيب
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring granization make a distribution to a decay advect or soluted person?	9a 9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	1% 25%	2x -< x=0	10° 1.50
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12	747 Jun 75 L		
a b	Initiation fees and capital contributions included on Part VIII, line 12			10
i1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders		""大湖 "一""	
ь	Gross income from other sources (Do not net amounts due or paid to other sources			0.2
	against amounts due or received from them.)	O.T. T.	1.7.3	
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		· lander-
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b		. W. W.	3.4
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	2-310	
-	Note. See the instructions for additional information the organization must report on Schedule O	1 -0,568	57 ME	7:39
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

T QIAN 92	U(c)17		_	, age +
Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. 5	and See in:	tor a struct	"No" anns
	Check if Schedule O contains a response or note to any line in this Part VI	, oc 1113	,,,,,,,,,	. ②
Secti	on A. Governing Body and Management	<u>.</u>	<u> </u>	·
OCCI	on A. Coverning Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		7 ,	33-1
	If there are material differences in voting rights among members of the governing body, or		in the second	
	if the governing body delegated broad authority to an executive committee or similar	1 / 1 / 47.4 2 / 1 / 45.8	1	
	committee, explain in Schedule O.	: : : : : : : : : : : : : : : : : : :	513 / 1 [/, 1]	12 A
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1_		
	one or more members of the governing body?	7a		-
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			,
0	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	. G :	* # Z
8	the year by the following.			
а	The governing body?	8a		استقام
Ь	Each committee with authority to act on behalf of the governing body?	8b	7	†
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			1
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.,	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	106		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		<u></u>
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			25141
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	У	
Þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13	Did the organization have a written whistleblower policy?	13	1	
14	Did the organization have a written document retention and destruction policy?	14	√	
15	Did the process for determining compensation of the following persons include a review and approval by	11		() () ()
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1. J.	
а	The organization's CEO. Executive Director, or top management official	15a		4
Þ	Other officers or key employees of the organization	15b	2365 4 . H	ا المجاد المات ا
460	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	- 4.72		17,454
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<u>l.</u>	
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100	2.75	(1.0) + N
Ξ,	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	Lorent L	grandly et	
	organization's exempt status with respect to such arrangements?	16b	SKI.TW.BA.	1 * 5 . 25
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply,			
_	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polic	y, and
^^	financial statements available to the public during the tax year	. 1	_	
20	State the name, address, and telephone number of the person who possesses the organization's books and re- Wally Lowery, Administrative Office of Courts, 334-954-5089, 300 Dexter Ave. Montgomery, AL	cords	•	

Form	GOO	(201	71
CUITI	HHI	12111	٠,

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest Compen	sated Employees	, and
	Independent Contractors					

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1090-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office Individua	unles	Pos reck ss pe	rson	than of the both Highest compensated employee	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Hon Lyn Stuarl, Chief Justice	5		ee			ated		0		0
(2) Randy Helms, Director	5	<i>'</i>	==					0	0	0
(3) Wally Lowery, Director	40	,						0	0	0
(4)										
(5)										
(6)										
(7)										
(8)										
(9)									-	
(10)										
(11)										
(12)										
(13)										
(14)										

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	office or directo	unles	Pos leck is pe	rson	than of Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportab compensation related organizatio (W-2/1099-N	n from ons	Estinamo organ organ and	mated aunt of ther ensation the nization related izations	ı
(15)			<u> </u>				8.							
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
		***************										<u>-</u>		
(23)	*****													
(24)														
(25)														
1b c d	Sub-total	VII, Sectio			···			> > >						
	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) w	ho received mi	ore than \$1	00,000 (of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							mp	lloyee, or high	est compe	nsated	3	Yes	No √
4	For any individual listed on line 1a, is the organization and related organizations individual											4		
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind	lividual	5		<u>·</u>
Section	on B. Independent Contractors	., , , , ,	0,1,1,0,1									<u> </u>		
1	Complete this table for your five highest of compensation from the organization. Replyear													ιx
	(A) Name and business add	ress							(B) Description of s	ervices	Ç	(C) ompens	ation	
							<u>-</u>							
2	Total number of independent contractor							th	ose listed abo	ove) who				

Form **990** (2017)

Har	\$VIII	Statement of Reve					. D 180	•	· 🗆
		Check if Schedule O	contains 子生。 中国 中国	a res	ponse or note to	O any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) . Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns		1a		FIRST PARTY CONTROL OF			
Contributions, Gifts, Grants and Other Similar Amounts	, b	Membership dues		1b					
Š, C	c	Fundraising events		1c					
a ff	d			1d					
%. <u>E</u>	e			1e					
Š	f	All other contributions, g							
Per Str		and similar amounts not inc		1f	,				
₹ 5	g	Noncash contributions included in lines 1a-1f S			l				
Ϋ́	h	Total, Add lines 1a-1		,, ,	-, -				
		TOTAL AGGINGS TO T			Business Code		MANUAL WEST-PRINTS		Chiaran Para Are
Program Service Revenue	2a	Conference Fees			900099	662 726	662,726	Astronaut manuful of publicated assessed	-11.10
ě	b	Meal Reimbursements			900099	1,358			
8		Mical Remidal Sements			505005	-1,000			
.₹	d							:	
ŭ	u u		*****				· · ·		,
787	-	All other program sen	uca rovani		900099	453	453		
õ	g	Total. Add lines 2a-2		<i>.</i>					i Deliver de la composition de la composi
	3	Investment income		dıvid		504,551) Light a Non-resident and resident	AND ADDRESS TANKS THE PARTY OF PARTY.	"Martin - Best part, and , According to the
		and other similar amounts)			,▶				
	4	Income from investmen	t of tax-exe	mpt be	and proceeds 🕨 👚				
	5	Royalties			▶				
	'		(ı) Real		(ii) Personal				
	6a	Gross rents .							
	b	Less, rental expenses					Part of the state of	THE PARTY OF THE	
	С	Rental income or (loss)							
	d	Net rental income or (loss)		>	,			
	7a	Gross amount from sales of	(i) Securit	185	(ii) Other	sangene as eder mindra freigh Para Errandia Errada Para	OTO CHEST OF THE	and the second of the second o	
		assets other than inventory	,				Minds a second		
	ь	Less cost or other basis							
		and sales expenses							
	С	Gain or (loss)			,				
	d	Net gain or (loss)	, , ,		: 📂			`	•
•						LANGER PROPERTY OF THE PROPERT		North Control of Contr	11.38 (1.14) (1.16 (2.17 (2.1
ž	8a	Gross income from fu	ındraising						Charles Thanks
ě		events (not including \$							
æ		of contributions reporte	ed on line 1	c)					
ē		See Part IV, line 18		· a		Light with the state of the sta		Salara, iran	
Other Rev	b	Less: direct expenses		, b					435-000-00-00-00-00-00-00-00-00-00-00-00-0
	С	Net income or (loss) f			events . 🕨		STATE OF THE SECOND COUNTY		
	9a	Gross income from ga	ımıng activi	ties					
	,	See Part IV, line 19		a					
	þ	Less direct expenses		. b					and the constitute
	C	Net income or (loss) f			vities 🕨	-			- 1
	10a	Gross sales of in		less	-				a and a supply
		returns and allowance	es .	а					
	b	Less: cost of goods s		. b					
	с	Net income or (loss) f		of invi		15 co inc 15 a w. v	See adde	Part period stress of sections	.v. no n. #19840 Sag sac. 20.7 . 7 . 200
,		Miscellaneous R	evenue		Business Code				
	11a				,		1		
	b						1		<u> </u>
	c					•	1		
	d	All other revenue			L		SERVICE PORTER OF ACCESS OF	Marine of Control of C	deed, Warden PS, Edgmans administration of action
	e	Total. Add lines 11a-			. ▶	<u> </u>			
	12	Total revenue. See if	etructions		b	664.537	664,537	l	1

Par IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must cor	mplete all columns. A	All other organizatioi	ns must complete co	olumn (A)						
	Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, o, 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										
	and domestic governments. See Part IV, line 21										
2	Grants and other assistance to domestic individuals See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members				maps the state of						
5	Compensation of current officers, directors, trustees, and key employees										
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		-								
7	Other salaries and wages										
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				•						
9	Other employee benefits										
10	Payroll taxes	•	:								
11	Fees for services (non-employees)										
a	Management										
b	Legal										
d C	Accounting										
e	Professional fundraising services See Part IV, line 17		Sar Miles								
f	Investment management fees	3	Frankfield Co. (1811)	2 diamental designation and control of the control							
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)		,	:							
12	Advertising and promotion				3						
13	Office expenses , , , , .										
14	Information technology										
15	Royalties			·							
16 17	Occupancy	}									
18	Payments of travel or entertainment expenses	•									
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	572,307	572,307								
20	Interest										
21	Payments to affiliates										
22 23	Depreciation, depletion, and amortization . Insurance										
24	Other expenses Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e. If				Tanto Visia Anter Comazano						
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O)										
а	Bank Fees	1,638	1,638								
b	Supplies	8,530	8,530								
ç											
d e	All other expenses	2,417	2,417								
25	Total functional expenses. Add lines 1 through 24e	584 892									
26	Joint costs. Complete this line only if the	00,002	00 1,002								
	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)	*		,	1						

S.	'art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X		<u></u> . 🗌
		•	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	319,960	1	399,605
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	Charles and the second second	2011000	
	1	trustees, key employees, and highest compensated employees.	Section Control (Control (Cont		
		Complete Part II of Schedule L		5	Philipses and Assessment and Assessm
	6	Loans and other receivables from other disqualified persons (as defined under section		- 7400 100 A 100	
	-	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	198 - 199 -		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ξ	İ	organizations (see instructions) Complete Part II of Schedule L	Hall High Chart and Mark High Hall Hall Harry Mark Hall	6	
Assets	7	Notes and loans receivable, net	······	7	
ď	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or		(PS)L (28)	
		other basis Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation . 10b		10c	
	11	Investments—publicly traded securities , ,		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments program-related` See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	319,960	16	399,605
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue	<u> </u>	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability, Complete Part IV of Schedule D	The real bases of the real bas	21	es i i d'anno mercine, confirmation de la laterat
<u>8</u>	22	Loans and other payables to current and former officers, directors,			
Ħ		trustees, key employees, highest compensated employees, and		2782	
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
•	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	,		
	26			25	
		Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and	0	26	U P (1) 20 20 20 20 20 20 20 20 20 20 20 20 20
ŝ		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.			
읕.	27	Unrestricted net assets	319,960	27	399,605
<u>8</u>	28	Temporarily restricted net assets	373,500	28	333,003
<u> </u>	29	Permanently restricted net assets		29	
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	A PROPERTY OF THE PROPERTY OF THE	شائلان 53	ME LINE SHOW THE THE ME
<u>.</u>		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	DC 22.5	30	
Set	31	Paid-in or capital surplus, or land, building, or equipment fund	<u> </u>	31	
AS	32	Retained earnings, endowment, accumulated income, or other funds		32	· · · · · · · · · · · · · · · · · · ·
e	33	Total net assets or fund balances	319,960	33	399,605
Z	34	Total liabilities and net assets/fund balances	319,960		399,605

_	4	
Page	ď	4

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. .

Form 9	80 (2017)			Pa	ige 12
Раг	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		66	4,537
2	Total expenses (must equal Part IX, column (A), line 25)	2		58	4,892
3	Revenue less expenses Subtract line 2 from line 1	3		7	9,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4		31	9,960
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 0)	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		39	9,605
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>	•		
1	Accounting method used to prepare the Form 990	plain i	20.25(5) 25.00(7) 25.00(7) 25.00(7) 25.00(7)	Yes	No The state of the state of th
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both	piled d	2a or		✓
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both	ed on	2b		7
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O		المُونِينِينِ بِرُونِ مُنْفِينِينِينِينِينِينِينِينِينِينِينِينِينِ		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		_3a		J
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3ь		
			For	m 990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

➤ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

Name of the organization 46-3426420 Alabama Judicial College Education Fund Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 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)) 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iv) is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization isted in your governing (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E) Total

Par	Support Schedule for Organization (Complete only if you checked to						
	Part III If the organization fails to	ne oox on mile	er the tests lis	sted below, o	le organizatio lease comple	ete Part III.)	any and
Secti	on A. Public Support	o quanty arias				, , , , , , , , , , , , , , , , , , , ,	
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its benalf						-
3	The value of services of facilities furnished by a governmental unit to the organization without charge		١				
4	Total. Add lines 1 through 3	house and a second	Date was a second of	¶	1	1645-4294-68 # 166 * 1965	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			Widelin Sen		Books and the	
	on B. Total Support	(-) 0010	(b) 0014	I (-) 0015	(4) 0016	(a) 2017	(6 Total
Calen 7	dar year (or fiscal year beginning in)	(a) 2013 `	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	·					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10		\$30.00ml \$2.00	SEATON SE			
12	Gross receipts from related activities, etc	N.	•			12	
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	n, or fifth tax ye	ear as a sectio	n 501(c)(3)
C	organization, check this box and stop he						▶ 🗌
	on C. Computation of Public Suppo			1	`		
14 15	Public support percentage for 2017 (line Public support percentage from 2016 Sci			r, column (i))	/	15	<u>%</u>
16a	331/3% support test—2017. At the organ			con line 13, ai	nd like 14 is 33		
	box and stop here. The organization qua					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	> []
b	331/3% support test - 2016. If the organi				a, and line 15	ıs 331/3% or m	
							▶ □
17a							
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	ation meets th	e "facts-and-o	circumstances	" test, check	this box and s	stop here.
18	Private foundation. If the organization de	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	Instructions						▶ □

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants")	391,247	1,008.615	465,990	678,304	664.537	3,208,693
2	Gross receipts from admissions, merchandise			•			_
	sold or services performed, or facilities furnished in any activity that is related to the]					
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	- "		_			
·	furnished by a governmental unit to the						
	organization without charge				i		
6	Total. Add lines 1 through 5	391,247	1,008 615	465,990	678,304	664 537	3,208,693
	Amounts included on lines 1, 2, and 3	331,247	1,000 510	100,000	4.0,00	,	-,
	received from disqualified persons						
	Amounts included on lines 2 and 3						
ь							
	received from other than disqualified persons that exceed the greater of \$5,000					-	
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
С 8	Public support. (Subtract line 7c from	5 89 7 a 17 a 2	1. 12 8m2. 8. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N. N. Jahres J. J. Jakob	"^3 1 2 5 5 3 2 " per	生化选择放货工	
•	line 6)		Tan Marking La Mark The Solidar				3,208,693
Sacti	on B. Total Support	21 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	26. Oak 160 16 18 18 18 16 16	(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	0,200,000
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	391,247	1,008,615	465,990	678,304	664,537	3,208,693
10a	Gross income from interest, dividends,		.,,				
	payments received on securities loans, rents,						
	royalties, and income from similar sources	16	38	5	0	ا ا	59
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		,				
c	Add lines 10a and 10b	16	38	5	0	0	59
11	Net income from unrelated business		30				
••	activities not included in line 10b, whether		-				
	or not the business is regularly carried on						*
12	- -			-			
12	Other income. Do not include gain or loss from the sale of capital assets			1			
	(Explain in Part VI).						
13	Total support. (Add lines 9, 10c, 11,						
10	and 12)	391,263	1,008,653	465,995	678,304	664,537	3,208,752
14	First five years. If the Form 990 is for the						
•	organization, check this box and stop he		10 11101, 000011	a, ama, ioa a.	, 0		▶ □
Secti	on C. Computation of Public Support		e				
15	Public support percentage for 2017 (line			3. calumn (fi)		15	99 %
16	Public support percentage from 2016 Sci		-	2, 20.2 (1,)		16	N/A %
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2017 (y line 13, colur	nn (f))	17	1 %
18	Investment income percentage from 2010			,		18	N/A %
19a	331/3% support tests - 2017. If the organ			on line 14, ar	nd line 15 is m		
	17 is not more than 331/3%, check this box						
b	331/3% support tests - 2016. If the organiz		-				
	line 18 is not more than 331/2%, check this						
		·F ·		•			

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

46-3426420

Department of the Treasury Internal Revenue Service Name of the organization

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

Alabama Judicial college Education Fund Part VI, Line 11b The Associations current Board of Directors receives copies of form 990 for their review prior to filling with the IRS Part VI, Line 12c. Continually emphasized at meetings and all actions are referred to an independent outside legal council Part VI, Line 19 The Associations governing documents are available upon request at the office of the Association at 300 Dexter Ave