Return of Organization Exempt From Income Tax

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

Current Year

0

0

0

,275

Yes X No

Form **990** (2019)

OMB No. 1545-0047

ent of the Treasury Internal Revenue Service

B

Activities & Governance

10

11

Contributions and grants (Part VIII, line 1h).

Program service revenue (Part VIII, line 2g) .

Investment income (Part VIII, column (A), lines 3, 4, and 7d). . .

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

For Paperwork Reduction Act Notice, see the separate instructions.

Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).

Do not enter social security numbers on this form as it may be made public. **Open to Public** Go to www.irs.gov/Form990 for instructions and the latest information. Inspection For the 2019 calendar year, or tax year beginning and ending Check if applicable: C Name of organization **RULE OF LAW TRUST** Employer identification number Doing business as Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 83-1047727 Name change 8300 BOONE AVENUE 500 Telephone number Initial return City or town State ZIP code (540) 341-8808 VIENNA VA 22182 Foreign country name Foreign province/state/county Foreign postal code Amended return 1,756,275 F Name and address of principal officer: Application pending H(a) Is this a group return for subordinates? Yes X No Leonard Leo 8300 Boone Ave. Ste. 500, Vienna, VA 22182 H(b) Are all subordinates included? If "No," attach a list. (see instructions)) < (insert no.) Website: > n/a H(c) Group exemption number -Form of organization: X Trust Corporation M State of legal domicile: 2018 VA Part I Briefly describe the organization's mission or most significant activities: To advance conservative principles and causes through communications, research, strategy and assistance to other organizations. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 1 Total number of individuals employed in calendar year 2019 (Part V, line 2a). 5 0 Total number of volunteers (estimate if necessary) . 6 0 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0 Net unrelated business taxable income from Form 990-T, line 39 7b 0

Prior Year

79,999,550

451.920

0

0

		T 1 1			0	O.	
	12	Total revenue—add lines 8 through 11 (must equ	ual Part VIII, column (A), line 12)	80,	451,470	1,756,275	
	13	Grants and similar amounts paid (Part IX, col	umn (A), lines 1–3)		0	1,395,000	
	14	Benefits paid to or for members (Part IX, colu	mn (A), line 4)		0	0	
es	15	Salaries, other compensation, employee benefits	(Part IX, column (A), lines 5–10)		0	0	
ns	16a	Professional fundraising fees (Part IX, column	n (A), line 11e)		0	0	
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 🕨				
ш	17	Other expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)	2.	736,293	5,461,549	
	18	Total expenses. Add lines 13-17 (must equal		736,293	6,856,549		
	19	Revenue less expenses. Subtract line 18 from	n line 12		715,177	-5,100,274	
sor							
sets	20	Total assets (Part X, line 16)		78.	215,187	78,377,409	
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			4,324	0	
žĒ	22	Net assets or fund balances. Subtract line 21	from line 20	78.	210,863	78,377,409	
Pai		Signature Block					
Jnde	r penalti	es of perjury, I declare that I have examined this return, inclu	iding accompanying schedules and statements, ar	nd to the best of m	y knowledge		
and b	elief, it i	s true, correct, and complete. Declaration of preparer (other	than officer) is based on all information of which p	reparer has any kr	nowledge.		
Sig	n	Cent Per			11/12/2	020	
Her		Signature of office		Da	te		
101	•	Leonard Leo, Trustee					
		Type or print name and title					
		Print/Type preparer's name	Preparer's signature	Date		PTIN	
Paid		T Raymond Conlon		14/5/0000	Check if		
	parer	2	•	11/5/2020	self-employed	P01486002	
Jse	Only	Firm's name Conlon and Associates LI	_C	Firm's EIN	4)		
		Firm's address ▶ P.O. Box 6213, Silver Spr	Phone no	Phone no (301) 508 6851			

Form	990 (2019)	RULE OF LAW TRUST	83-1047727	Page 2
Pa	art III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		With the second
1		escribe the organization's mission:		
	To advar	nce conservative principles and causes through communications, research, strategy		
	and assi	istance to other organizations.		
2	Did the o	organization undertake any significant program services during the year which were no	listed on	
	the prior	Form 990 or 990-EZ?	· · · · · Yes	s X No
3		reganization cease conducting, or make significant changes in how it conducts, any pro		
	services'	?	gram · · · · · · Yes	s X No
	If "Yes,"	describe these changes on Schedule O.	re:	S NO
4	Describe	the organization's program service accomplishments for each of its three largest program	ram services, as measured b	V
	expenses	s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of a	rants and allocations to other	S,
	the total	expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 6,370,158 including grants of \$ 1,395,000)) (Revenue \$	0)
	Supporte	ed projects and conducted research and communications that advanced conservative	- / (· · · · · · · · · · · · · · · · · ·	/
	principles	S.		
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	\
			γ (πονοπαο φ	/
A -J	Oth	(D. 1)		
4d	(Expenses	gram services (Describe on Schedule O.)		
4e		s \$ 0 including grants of \$ 0) (Revenue \$ gram service expenses \$ 6,370,158	0)	
-		0,010,100		

Form **990** (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
,	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? If "Yes," complete Schedule C, Part I.	3	_	X
	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.			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4	-	-
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5	-	X
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve onen space	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes."			
•	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt			
10	negotiation services? If "Yes," complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V.			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
	VII, VIII, IX, 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	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	44.1		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		^
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
h	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
13	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		_X_
	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	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	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).			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	_X_
	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?	10	-	_X_
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form **990** (2019)

Pai	tt IV Checklist of Required Schedules (continued)	104772	27	Page 4
	ensemble of residence oblications (continued)		Yes	No.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Tes	s No
0.00000	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 2	2	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		_	+^
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
0.4-	employees? If "Yes," complete Schedule J.	. 2	3	Х
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			
h	24b through 24d and complete Schedule K. If "No," go to line 25a	24	а	X
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24	b	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
d	to defease any tax-exempt bonds?	. 24	_	_
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24	d	_
200	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.			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25	a	X
	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			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25	b	X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26	.	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	. 20	+	X
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			7
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			-
	If"Yes," complete Schedule L, Part IV	. 28	a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 281	0	X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
29	If"Yes," complete Schedule L, Part IV.	. 280	_	
30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31	+	X
	If "Yes," complete Schedule N, Part II	20		\ \
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	. 32	+-	X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		_
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II		+	X
	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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	-		
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
27	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			
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
Part	19? Note: All Form 990 filers are required to complete Schedule O	. 38	X	
rail				
	Check if Schedule O contains a response or note to any line in this Part V	we was		
1a	Enter the number reported in Box 3 of Form 1006. Enter 0 15 and 1006 in the number reported in Box 3 of Form 1006.		Yes	No
b	Enter the number of Forms W. OC included in the design of the second of	10		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	0		
	gaming (gambling) winnings to prize winners?			
	0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	1c	X	

District Co.	990 (2019) RULE OF LAW TRUST 83-104 Int V Statements Regarding Other IRS Filings and Tax Compliance (continued)	17727	F	age \$
Га	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Ι	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
4a	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	3b		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4-		
b	If "Yes," enter the name of the foreign country ▶	4a		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?			.,
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		X
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	O.D		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
b	and services provided to the payor?	7a		
C	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	required to file Form 8282?	_		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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?	7g		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
O,	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?			
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
а	Constitution of the state of th			
b	Gross income from members or shareholders			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
а	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ч	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
	135, complete i offit 1/20, coffedule O.			

Part VI

Sec	tion A. Governing Body and Management							
1-			Yes	No				
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a	1						
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
h	committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b	1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
2	any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct			X				
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
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.							
	stockholders, or persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following:							
а	The governing body?	8a		X				
b	Each committee with authority to act on behalf of the governing body?	8b		X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached							
	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code)					
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
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						
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
15	Did the process for determining compensation of the following persons include a review and approval by							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
a	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement							
	with a taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100						
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard							
	the organization's exempt status with respect to such arrangements?	16b						
	ion C. Disclosure	100						
17	List the states with which a copy of this Form 990 is required to be filed .							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	501(c)						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(0)						
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	icv.						
	and financial statements available to the public during the tax year.	-,,						
20	State the name, address, and telephone number of the person who possesses the organization's books and records	21						
	Neil Corkery (540) 341-8808 8300 Boone Ave. Ste. 500. Vienna, VA 22182	-						
	8300 Boone Ave. Ste. 500, Vienna, VA 22182							

Form 990 (2019) RULE OF LAW TRUST				83-1047	727 Page 7
Part VII Compensation of Officers, Dire	ectors, Truste	es, Key Employees, H	lighest Com	pensated	
Employees, and Independent (Contractors				
Check if Schedule O contains a	response or no	ote to any line in this Pa	art VII		
Section A. Officers, Directors, Trustees, F	Key Employee	s, and Highest Comp	ensated Emp	loyees	
1a Complete this table for all persons required to be organization's tax year.	listed. Report co	empensation for the calend	dar year ending	with or within the	9
 List all of the organization's current officers, of of compensation. Enter -0- in columns (D), (E), and 	lirectors, trustees (F) if no compens	s (whether individuals or o	rganizations), re	egardless of amo	ount
 List all of the organization's current key emple List the organization's five current highest con who received reportable compensation (Box 5 of Fororganization and any related organizations. 	byees, if any. Se mpensated empl	e instructions for definition ovees (other than an office	er director trust	tee or key emplo	oyee)
 List all of the organization's former officers, ke \$100,000 of reportable compensation from the organ 	ey employees, ar nization and any	nd highest compensated e related organizations.	mployees who	received more th	an
 List all of the organization's former directors organization, more than \$10,000 of reportable competence 	or trustees that ensation from the	received, in the capacity a	as a former directated organization	ctor or trustee of	the
See instructions for the order in which to list the pers	ons above.				
X Check this box if neither the organization nor an	y related organiz	ation compensated any cu	urrent officer, di	rector, or trustee	
(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation			(F) Estimated amount of other compensation
	hours for related organizations	Former Highest come employee Key employee Officer Institutional individual true	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations

	T	_								
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle er an	Pos heck ss pe	erson	e than o is both or/truste	an	(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) Leonard Leo	5.00									
Trustee	0.00	X		X				0	0	0
(2)										
(3)										
(4)										
(5)							1			
(6)							1			
(7)										
(8)										
(9)							\forall			
(10)							\forall			
(11)							\dashv	,		-
(12)					1		+			
(13)					\forall		\dagger			
(14)							1			

P	art VII Section A. Officers, Directors, Tru	ustees. Kev Fm	nlove	200	and	d Hi	ahos	· C	omponented E-	83-104	17727	Page 8		
		lotoco, rey Em	Picye	ccs,	an	C)	gnesi		Impensated En	ipioyees (contir	nued) T			
	(A) Name and title	(B) Average hours	box,	unle	Pos heck ss pe	more erson lirecto	than o is both or/truste	an ee)	(D) Reportable compensation	(E) Reportable compensation	portable Estimated amount of other			
		per week (list any hours for related organizations below dotted line)	Individual trustoe of director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compe from organiza related org	ition and		
(15)								\dashv						
(16)								1						
(17)								+						
(18)							+	\dashv						
(19)								+						
(20)							\dashv	+						
(21)								+						
(22)								1				_		
(23)								1						
(24)								1						
(25)							\top	\top						
1b	Subtotal							-	0	0		0		
С	Total from continuation sheets to Part VII, Se	ction A						-	0	0		0		
d 2	Total (add lines 1b and 1c).							-	0	0		0		
2	Total number of individuals (including but not lim reportable compensation from the organization	nited to those list	ed at	DOVE	e) w	ho r	eceive	ed r	more than \$100,	000 of				
	reportable compensation from the organization											0		
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," complete Schedu	ctor, trustee, key	emp	loye	e, c					ſ	Ye	s No		
4	For any individual listed on line 1a, is the sum of										3	X		
	the organization and related organizations great	er than \$150,000)? <i>If</i> '	Yes	s," c	omp	ner co olete S	omp Sch	edule J for such					
	individual		· ·	201		rolo	 tod or				4	X		
	for services rendered to the organization? If "Yes	s," complete Sch	nedule	a I I	for s	such	perso	yai on	iization or ingivi	duai	5	\ \ \		
Secti	on B. Independent Contractors										3	X		
1	Complete this table for your five highest compen compensation from the organization. Report com	sated independence	ent co	ontra enda	acto ar y	rs th	nat red	ceiv g w	red more than \$* rith or within the	100,000 of	ıx vear			
	(A) Name and business addre								(B) Description of service		(C)	n		
	n Group LLC 45 North Hill Driv	e, Ste 100 Warr	entor	ı, V	4 20	186	6 C	ons	sulting			00,000		
	Botts L.L.P. P.O. Box 301251	Dallas, TX 753	03-12	251				ega				0,000		
YAS, Marrill							С	ons	sulting			9,996		
	2.00.000111001	Kd, NE, Ste. 100	00 Atl	anta	a, G	A 30				nent		9,750		
	nan Vogel Josefiak Torchins 45 North Hill Driv Total number of independent contractors (includi	ing but not limite	d to t	hos	4 20	1786	above	ega	the received		20	8,869		
	more than \$100,000 of compensation from the o	rganization >	J 10 11		5 113	.cou	10		no received					

Part VIII Statement of Revenue

		Check if Schedule O contains a	response or	note to any line in	n this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
	1.0	Endorsted server less					Duoinioso revenue	sections 512–514
nts	1a b	the state of the s	1a	0				
Gra			1b	0				
ts,	d		1c	0				
Contributions, Gifts, Grants	e	_		0				
ns,	, f	f All other contributions, gifts, grants,	<u>1e</u>	0				
itio	3 .	similar amounts not included above						
rib F	g	NO. I THE TOTAL CONTRACT OF THE PARTY OF THE	<u>1f</u>	0	-			
onti	2	lines 1a–1f	1g	\$ 0				
Ö	h			\$ 0	0			
		Transfer to the transfer to th		Business Code	0			
Ce	2a				0			
Program Service Revenue	b				0			
gram Serv Revenue	С				0			
am	d				0			
2gc R	е				0			
Pr	f	All other program service revenue.			0			
	g				0			
	3	Investment income (including divide	nds, interest	t, and				
		other similar amounts)			1,756,275			1,756,275
	4	Income from investment of tax-exem	npt bond pro	ceeds	0			1,100,210
	5	Royalties			0			
	_		(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses . 6b						
	C	Rental income or (loss) 6c	0	0				
	d 7a	Net rental income or (loss)	i\ Coourities		0			
	14	sales of assets	i) Securities	(ii) Other				
		other than inventory 7a	0					
e	b	Less: cost or other basis	0	0				
enr	"	and sales expenses 7b	0	0				
ther Revenue	С	Gain or (loss) 7c	0	0				
F	d	Net gain or (loss)			0			
the	8a	Gross income from fundraising			0			
Ö		events (not including \$	0					
		of contributions reported on line 1c).						
	80	See Part IV, line 18		0				
	b	Less: direct expenses		0				
	С	Net income or (loss) from fundraising	events	🗈	0			
	9a	Gross income from gaming activities	.					
		See Part IV, line 19		0				
	b	Less: direct expenses		0				
	c 10a	Net income or (loss) from gaming act Gross sales of inventory, less	ivities		0			
	Iua	returns and allowances	40					
	b	Less: cost of goods sold		0				
				0				
S	-	Net income or (loss) from sales of inv	rentory	Business Code	0			
e G	11a		-	business Code				
Revenue	b				0			
ells eve	С				0			
Miscellaneous Revenue	d	All other revenue			0			
Σ		Total. Add lines 11a-11d			0			
	12	Total revenue. See instructions			1,756,275	0	0	1.756.275
				THE RESERVE OF THE PARTY OF THE	1 - 1	V	VI	1.100.210

Form 990 (2019) RULE OF LAW TRUST

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete

	Ol 1:00 1 11 0				
	Check if Schedule O contains a response or note	to any line in this Pa	rt IX		X
Do 8b	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			general expenses	expenses
	domestic governments. See Part IV, line 21	1,395,000	1,395,000		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):				
a	Management	100,000	100,000	0	0
b	Legal	1,135,337	1,033,157	102,180	0
C	Accounting	15,500	0	15,500	0
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	209,750	0	209,750	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	3,891,247	3,813,422	77,825	0
12	Advertising and promotion	0			
13	Office expenses	20,014	17,612	2,402	0
14 15	Information technology	0			
15 16	Royalties	0			
17	Occupancy	39,851	0	39,851	0
18	Travel	0			
10	for any federal, state, or local public officials			\ \ \	
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	40.850	40.007		
23	Insurance	49,850	10,967	38,883	0
24	Other expenses. Itemize expenses not covered	0			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а		0			
b		0			
С		0			
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	6,856,549	6,370,158	486,391	0
26	Joint costs. Complete this line only if the	2,223,010	5,575,100	400,001	0
	organization reported in column (B) joint costs		-		
	from a combined educational campaign and				
	fundraising solicitation. Check here ► if		1	1	
	following SOP 98-2 (ASC 958-720)	I	1		

32

Total liabilities and net assets/fund balances.

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 23,621,985 1 345,319 2 Savings and temporary cash investments 52,905,461 2 72,802,140 3 0 3 0 Accounts receivable, net 0 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . 0 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 0 6 0 7 0 8 0 8 Prepaid expenses and deferred charges . . . 1,639,996 9 0 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 0 10c 0 11 Investments—publicly traded securities . 0 11 4,955,750 12 Investments—other securities. See Part IV, line 11 . . . 0 12 0 Investments—program-related. See Part IV, line 11. 13 0 13 0 14 Intangible assets 0 14 0 Other assets. See Part IV, line 11 15 47,745 15 235.541 16 Total assets. Add lines 1 through 15 (must equal line 33) 78,215,187 16 78,377,409 17 4,324 17 0 18 Grants payable 0 18 19 0 19 20 0 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 0 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 Secured mortgages and notes payable to unrelated third parties 23 0 23 0 Unsecured notes and loans payable to unrelated third parties . . . 24 0 24 0 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 0 25 0 26 Total liabilities. Add lines 17 through 25 4,324 26 0 Net Assets or Fund Balances Organizations that follow FASB ASC 958, check here **\$** X and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions . . . 78,210,863 27 78,377,409 Net assets with donor restrictions . . 28 28 Organizations that do not follow FASB ASC 958, check here 🗼 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 0 29 Paid-in or capital surplus, or land, building, or equipment fund . . . 30 0 30 Retained earnings, endowment, accumulated income, or other funds . . . 31 0 31

78,377,409 Form 990 (2019)

78,377,409

78,210,863

78,215,187

32

THE RESERVE OF THE PERSON NAMED IN	990 (2019) RULE OF LAW TRUST 83	-1047727	Page 12
Par	t XI Reconciliation of Net Assets		rage 12
	Check if Schedule O contains a response or note to any line in this Part XI	THE THE THE T	. X
1	Total revenue (must equal Part VIII, column (A), line 12)		,756,275
2	Total expenses (must equal Part IX, column (A), line 25)	6	6,856,549
3	Revenue less expenses. Subtract line 2 from line 1	-5	5,100,274
4 5	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	78	3,210,863
6	Net unrealized gains (losses) on investments	5	,290,541
7	Donated services and use of facilities		
8	Investment expenses		
9	Prior period adjustments		-23,721
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		
	column (B))	70	277 400
Part	XII Financial Statements and Reporting		,377,409
	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: Cash X Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		
2a	Schedule O.		
Za	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:		
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 separate basis, consolidated basis, or both:		
С			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
	If the organization changed either its oversight process or selection process during the tax year, explain on	2c	
	Schedule O.		
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	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		1
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form **990** (2019)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019

Open to Public Inspection

Employer identification number

RULE OF LAW TRUST 83-1047727 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . 3 4 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . а 2a Total acreage restricted by conservation easements . b 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 . . . \$

Assets included in Form 990, Part X

Sche	edule D (Form 990) 2019 RULE OF LAW TRUST							92.4	0.47707		- 0
Pa	rt III Organizations Maintaining Coll		rt. H	isto	rical Tre	easures or	Otho	r Similar Acc	047727	tinuo	Page 2
3	using the organization's acquisition, access	sion, and othe	r reco	ords,	check an	y of the follow	ving th	at make significa	ant use of	its)
а	collection items (check all that apply): Public exhibition			_	٦.						
			d		Loan o	r exchange p	rogran	n			
b	Scholarly research		е		Other						
С	Preservation for future generations										
4	Provide a description of the organization's of XIII.	collections and	expl	ain h	ow they f	further the org	ganizal	tion's exempt pu	rpose in F	art	
5	During the year, did the organization solicit assets to be sold to raise funds rather than	or receive dor	nation	s of	art, histor	rical treasures	s, or ot	her similar	\Box	·	٦.,
Par	t IV Escrow and Custodial Arranger	nonto	iou u	pai	t of the of	gariizations	collect	onr		es _	No
Ballhade	Complete if the organization answ	rered "Yes" o	n Fo	ırm (aan Dar	t I\/ line 0	0 5 50 50	outod			
	990, Part X, line 21.	reied les e	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	71111 8	990, Fai	t iv, line 9,	or rep	orted an amou	int on Fo	rm	
1a	Is the organization an agent, trustee, custoo	dian or other in	nterm	ediar	v for cont	tributions or o	other as	ssets not			
	included on Form 990, Part X?								П	'es	No
b	If "Yes," explain the arrangement in Part XII	II and complete	e the	follo	wing table	e:					
_	Danianian kal								Amount		
C	Beginning balance						. 1	lc			
d e	Additions during the year						_1	d			
f	Distributions during the year							le			
	Ending balance							1f			0
2a	Did the organization include an amount on F	Form 990, Parl	t X, Iir	ne 21	1, for escr	ow or custod	ial acc	ount liability?	ΠY	es X	No
b	If "Yes," explain the arrangement in Part XII	I. Check here	if the	expla	anation ha	as been prov	ided or	n Part XIII		. \Box	ĺ
Part											
	Complete if the organization answ	ered "Yes" o	n Fo	rm 9	90, Part	IV, line 10.					
	(a)) Current year			or year	(c) Two years		(d) Three years ba	ick (e) F	our years	s back
1a	Beginning of year balance								1		
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	0			0		0		0		0
2	Provide the estimated percentage of the cur	rent year end l	balan	ce (li	ine 1g, co	lumn (a)) hel	d as:				
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment ▶ %										
0 -	The percentages on lines 2a, 2b, and 2c sho	ould equal 100	%.								
3a	Are there endowment funds not in the posse	ession of the or	ganiz	zatior	n that are	held and adr	niniste	red for the			
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
h	(ii) Related organizations								3a(ii)		
b ⊿	If "Yes" on line 3a(ii), are the related organiz	ations listed as	s requ	uired	on Sched	dule R?			3b		
Part	Describe in Part XIII the intended uses of the		s end	owm	ent funds	3.					
alt	Land, Buildings, and Equipment. Complete if the organization answer	ered "Vee" or	Eor	m 0	00 Dort	IV/ Ene 44-	0	F 000 B			
	Description of property										
	becomplion of property	(a) Cost or oth (investme		S	10 10	or other basis other)		Accumulated	(d) Bo	ook value	9
1a	Land	(voune	,	0	U		(depreciation			
b	Buildings			0		0	165.54				0
С	Leasehold improvements			0		0		0			0
d	Equipment			0		0		0			0
е	Other			0		49,850		10.850			0
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990) Par		column (P	3) line 10c 1		49,850			0

Schedule D (Fe	TROLL OF LAW TROOT			83-1047727 Page 3
Fait VII	Investments—Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV/ line 11h See For	em 000 Dort V line 40
	(a) Description of security or category	(b) Book value		of valuation:
	(including name of security)	(b) Book value		year market value
	al derivatives	0	7.1	
	held equity interests	0		
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0		
Part VIII	Investments—Program Related.	0		
	Complete if the organization answered	"Yes" on Form 990	Part IV line 11e See For	m 000 Port V line 12
	(a) Description of investment	PORTECTOR 1000 00		
	(a) Description of investment	(b) Book value		of valuation: ear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			<u> </u>	
(9)	(h)			
ALC: COMPANY OF THE PARTY OF TH	(b) must equal Form 990, Part X, col. (B) line 13.) .	0		
Part IX	Other Assets.	D/ II		
	Complete if the organization answered "		Part IV, line 11d. See For	
(1)	(a) Descri	ption		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Colui	mn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		. 0
Part X	Other Liabilities.			
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11e or 11f. Se	ee Form 990, Part X.
	line 25.			,,
		ion of liability		(b) Book value
	income taxes			0
(2)				
(3)				
/ 4 \				

1. (a)	Description of liability	(b) Book value
(1) Federal income taxes		0
(2)		, ,
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col	l. (B) line 25.)	0

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

The second	ule D (Form 990) 2019 RULE OF LAW TRUST		83-1047727	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statements W	/ith Revenue per R	eturn.	
_	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	(
3	Subtract line 2e from line 1		3	(
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	C
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	0
Par	XII Reconciliation of Expenses per Audited Financial Statements \	With Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а		2a		
b		2b		
С		2c		
d		2d		
е	Add lines 2a through 2d		2e	0
3			3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a		ła		
b		lb		
С	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	0
	XIII Supplemental Information.			
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Par	rt V, line 4; Part X	(, line
2; Pai	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional informa	ation.	

Schedule D (Fo	orm 990) 2019	RULE OF LAW	TRUST		83-1047727	Page 5
Part XIII	Suppleme	ental Information	n (continued)		 00 1011121	r age o
				 	 2000	
			-			
					Schedule D (Form 990) 2019

SCHEDULE (Form 990) Department of the Treasury Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

◆ Attach to Form 990.

2019 Open to Public

OMB No. 1545-0047

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

Inspection Employer identification number 83-1047727

Part I General Information on Grants and Assistance RULE OF LAW TRUST

X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 990. Part IV. line 21, for any recipient that receive Part II

(a) Name and address of organization or government America Engaged	(h) EIN	THE COLUMN					
(1) America Engaged) (a)	(if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1101 Wilson Boulevard, 6th Floor Arlin	in 81-2072162	501 c 4	895,000	0		n/a	General support
(2) People United for Privacy 8323 Linville Rd Oak Ridge, NC 27310	.d 82-3395877	501 c 4	500,000	0		n/a	General support
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)/3) and government organizations listed in the line 1 table	1 501(c)(3) and ac	Jvernment organizat	I anii adt ni batail anoit	oldet			
	1 00 1(0)(0) 4114 80	over miletic organiza	lalli elli maisii silon	lable		•	0

Schedule I (Form 990) (2019)

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Schedule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	in property of the second seco	משמה וא ווכניתה	٠,			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
-						
2						
3						
_						
1						
2		7				
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b): and any other additional information	the information re	equired in Part I, line	e 2; Part III, column	(b): and any other addit	ionalinformation

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

Schedule I (Form 990) (2019)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

2019

Open To Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Employer identification number

RULE	OF	LAW	TRUST

Part I

(6) (7) (8) (9) (10) Total 83-1047727

								r 25b, or Form 9	00 L2	, r are	v , III I	0 100		
1	(a) Name of disqualifi	ied person	(b) Relationship b	etween di organizat		person and		(c) Descriptio	n of trar	nsaction	1		(d) Cor	
/4\													Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount of	tax incurred by	the organization	n mana	ners or	disqualified	nerso	ons during the ve	aar					
	under section 4958										s			
3	Enter the amount of													
										1000 00 00				
Part		or From Interes												
	Complete if the	organization ar	nswered "Yes"	on Forn	n 990-E	Z, Part V, Iir	ne 38a	a or Form 990, F	Part IV	, line 2	26; or	if the		
	organization re	ported an amou	int on Form 990), Part)	X, line 5	, 6, or 22.								
(a) N	Name of interested person	(b) Relationship	(c) Purpose of	(d) Lo	an to or	(e) Origina	al	(f) Balance due	(a) In (default?	(h) An	nroved	ed (i) Written	
		with organization loan from the princi			rincipal amount		(g) in default:		by bo			ment?		
				organi	zation?						comn	nittee?		
				То	From	1			Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
(4)									_					
(5)									-			-		

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

	garnzation anotrolog 100 on 1	om ooo, raitiv, iiio	21.	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)			-	
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

\$

0

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

Schedule L (Form 990 or 990-EZ) 2019

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zation nues?
H Group LLC	See Part V	2 100 000	Reimbursements of expenses	Yes	X
	OGO T GIT V	2,100,000	Reinbursements of expenses		<u> </u>
					L
					H
				_	
					\vdash
Supplemental Information.	n for responses to questions on				
of Law Trust. BH Group LLC received	ved no compensation.				

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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization RULE OF LAW TRUST

Employer identification number

83-1047727

Form 990, Part VI, Section B, Line 11b: The Form 990 is prepared by a Certified Public
Accountant and it is reviewed by legal counsel and the Trustee prior to filing with Internal
Revenue Service. (IRS)
Form 990, Part VI, Section C, Line 19: The Articles of Trust are available from the Virginia
State Corporation Commission. Other governing documents are not available to the public.
Form 990, Part IX, Line 11g: The amount of \$3,891,247 consists of: Consulting Services:
\$3,639,996; Research: \$160,000; Writing: \$37,500; Other: \$53,751.
Form 990, Part XI, Line 8: Revision of value of investment at 12-31-18.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
RULE OF LAW TRUST	83-1047727
	Schedule O (Form 990 or 990-EZ) (2019)
	(0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0