990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 20**20**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

For the 2020 calendar year, or tax year beginning 01/01/2020 and ending 12/31/2020 C Name of organization Rule of Law Trust D Employer identification number Check if applicable: 83-1047727 Address change Doing business as ■ Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 504-341-8808 Initial return 8300 Boone Blvd Ste 500 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Vienna, VA, 22182 G Gross receipts \$ 1,493,794 Amended return F Name and address of principal officer: Leonard Lee H(a) Is this a group return for subordinates? ☐ Yes ✓ No Application pending H(b) Are all subordinates included? Tes No 8300 Boone Blvd Ste 500, Vienna, VA 22182 √ 501(c) (4)
✓ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: H(c) Group exemption number ▶ Website: ▶ M State of legal domicile: L Year of formation: VA Part I Summary 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. Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 4 1 5 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 6 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0 **Current Year** Contributions and grants (Part VIII, line 1h) . . . 0 8 Revenue 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,493,794 1,756,275 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,756,275 1,493,794 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,395,000 36,293,800 14 Benefits paid to or for members (Part IX, column (A), line 4) n 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 5,461,549 2,154,024 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 6,856,549 38,447,824 Revenue less expenses. Subtract line 18 from line 12 . 19 -36,954,030 -5,100,274 Assets or End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 78,377,409 52,683,753 21 Total liabilities (Part X, line 26) 9,000,000 22 Net assets or fund balances. Subtract line 21 from line 20 78,377,409 43,683,753 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date

Preparer's signature

? See instructions

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

Firm's address ▶ 9100 Purdue Rd Ste 115, Indianapolis, IN 46268

Leonard Leo, Trustee Type or print name and title

Firm's name ► Allies 4 Good

Print/Type preparer's name

Shawna Powell

Here

Paid

Preparer

Use Only

Date

Check | if

self-employed

Firm's EIN ▶

Phone no.

P01779004

84-4967597

463-229-0229

	0 (2020		rage Z
Part	Ш	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	\square
1	Brief	fly describe the organization's mission:	
	To a	advance conservative principles and causes through communications, research, strategy and assistance to other org	janizations.
2	Did t	the organization undertake any significant program services during the year which were not listed on the r Form 990 or 990-EZ?	Yes ☑ No
		'es," describe these new services on Schedule O.	
3		the organization cease conducting or make significant changes in how it conducts, any program	
	servi	rices?	Yes ✓ No
		'es," describe these changes on Schedule O.	
4	Desc	cribe the organization's program service accomplishments for each of its three largest program services, as enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	measured by ons to others,
	the t	total expenses, and revenue, if any, for each program service reported.	
		ф. — ф. — — — — — — — — — — — — — — — —	
4a	(Coc	de:) (Expenses \$ 37,759,380 including grants of \$ 36,293,800) (Revenue \$	0)
	Sup	ported projects and conducted research and communications that advanced conservative principles.	
4b	(Cod	de:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Co	ode:) (Expenses \$including grants of \$) (Revenue \$)
40	(00)	indicaling grante στ φ/ (Expended φ/ (Reserve φ) (Reserve φ/ (Reserve φ/ (Reserve φ) (Reserve φ	
4d		her program services (Describe on Schedule O.)	
		spenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
40	Lot	tal program service expenses 37 759 380	

Part I	V Checklist of Required Schedules		. T	
	г		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		✓
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		√
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		✓_
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		✓_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
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	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
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		✓
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	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		√
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	***	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	140		
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	14b		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		1
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		✓
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		1
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		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		\
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	1	

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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		✓
24 a	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		<u>✓</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	·	✓_
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		✓_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? <i>If "Yes," complete Schedule L, Part II</i>	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		-
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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		1
38	Did 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	1	
Pari	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			. 🗆
			Yes	No
1a b	Little the number of forms we had moraded in moral approaches.	3		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	

Form 990) (2020)		Pa	age 5
Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ALCOHOLOGICA TO	G-61-31-0-0-0-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	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 on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
70	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes " enter the name of the foreign country ▶			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a		
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			
U	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
ь	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O.			
b				
	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		✓
b	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		✓
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<
	If "Yes," complete Form 4720, Schedule O.			

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	iee ins	struct	ions.
Section	on A. Governing Body and Management		V 1	Nie
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 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, trustees, or key employees to a management company or other person?	3		√
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	6		√
6	Did the organization have members of stockholders.	0		
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		✓_
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	V	
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	a da N	✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	Yes	No
	Ditti	10a	163	√
10a	Did the organization have local chapters, branches, or affiliates?	100		_
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	√	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Ha	_	11.
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	1	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		•	
С	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	1	
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?			
2	The organization's CEO, Executive Director, or top management official	15a		1
a b	Other officers or key employees of the organization	15b		1
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		64	
16a	The state of the s	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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		
Sect	ion 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 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (Se	ction	501(c)
40	Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inte	rest	policy
19	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and re-			
20	Neil Corkery (540)341-8808		5.5	

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor	anv related	d ora	aniz	atio	n co	ompe	nsa	ted any current of	officer, director,	or trustee.
Officer the box is finitely the organization from	any rolate	u 0.g.		(0				,		
(A) Name and title	(B) Average hours	box, office	ot ch unles	Posi eck s pe	ition more	than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
Leonard Leo	5.00									_
Trustee	0.00	✓		✓			_	0	0	0
										- Y
										,
1										
		-								

Part \		rustees,	Key I	Emp	olo	yee	s, an	d F	lighest Compe	nsated E	mploy	ees (co	ontinue	d)
	(A) Name and title		box,	unles	Pos eck s pe	rson	than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportate compense from rela	tion	Estimate of	(F) ed amoun other	t
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizati (W-2/1099-I	ations from the		n the ation and	
														_
-														-
			-	-										
			-											
			-											
·-														_
	Cubtotal								0		0			0
1b c	Subtotal		on A					•						
d 	Total (add lines 1b and 1c)	 It not limite	d to t	hos	e lis	sted	abov	e) v	who received mo		0,000			0
	reportable compensation from the organ							_	0				Yes 1	No.
3	Did the organization list any former employee on line 1a? If "Yes," complete	officer, di	rector J for s	, tr	uste n ind	ee, divid	key e	emp	oloyee, or highe	st compe	nsated	3		√
4	For any individual listed on line 1a, is th organization and related organizations	e sum of regreater the	eporta han \$	able	CO	mpe	ensati	on	and other compe	ensation fr	om the	4		√
5	individual	or accrue o	comp	ensa olete	atio	n fro	 om an dule J	y u for	nrelated organiza	ation or inc	 dividua			√
Secti	on B. Independent Contractors													
1	Complete this table for your five hig compensation from the organization. Rep	hest component	oensa nsatio	ted on fo	ind or th	depe ne c	enden alenda	t c ary	contractors that rear ending with c	received or within th	more e orga	nization	100,000 's tax ye	of ear.
	(A) Name and business ad	dress							(B) Description of se	rvices		(C) Compens	sation	
	nan Vogel Josefiak Torchinsky PLLC, 45 N	Hill Dr, Ste	100, V	/arre	ento	n, \	A 201						306, 175,	
	LLC, PO Box 28041, Washington, DC 20038 nes Associates LLC, 16 W LOS OLIVOS ST,	Santa Barb	ara, C	A 93	3105	j			consulting consulting				125,	
2	Total number of independent contract received more than \$100,000 of compen	tors (includ	ding b	out	not	lim	ited	to	those listed abo	ve) who				

Part '	VIII	Statement of Rev					u lina in this D	ort VIII		
		Check if Schedule	O cor	ntains a re	spon	se or note to ar	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
s s	1a	Federated campaign	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	0.00			1b					
ع ق	С	Fundraising events			1c					
r A	d	Related organization	ns .		1d					
ig ig	е	Government grants	(conti	ributions)	1e					
Sir	f	All other contribution								
he ti		and similar amounts no			1f					
동물	g	Noncash contribution								
in S		lines 1a–1f			1g					
- 10	h	Total. Add lines 1a-	-11 .		• •	Business Code	0			
يه	2a					Busilless Code				
Program Service Revenue	b									
Sel	c									
gram Ser Revenue	d									
g a	е									
P.	f	All other program se								
	g	Total. Add lines 2a-	-2f .			🕨	0			
	3	Investment income								
		other similar amoun					1,493,794		0	
	4	Income from investr					0			1
	5	Royalties	• •				0	0	0	C
	_	0		(i) Rea		(ii) Personal				
	6a	Gross rents	6a 6b							
	b	Less: rental expenses Rental income or (loss)	1.000.00		0	0				
	d	Net rental income of		<u> </u>						
		Gross amount from	(100)	(i) Securi		(ii) Other				
	7a	sales of assets								
		other than inventory	7a							
<u>o</u>	b	Less: cost or other basis								
Revenue		and sales expenses .	7b							
ě.	С	Gain or (loss)	7с		0	0				
_	d	Net gain or (loss)	• •			<u> ▶</u>				
Othe	8a	Gross income fro		ındraising						
٠		events (not including of contributions re		d on line						
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b					
	C	Net income or (loss				ents ►		PINKS.		
	9a	Gross income	-						The second	
		activities. See Part			9a			d self-line		
	b				9b					
	С	•			ctiviti	es				
	10a	Gross sales of i					The second			
		returns and allowar			10a					
	b				10b					
	С	iver income or (loss	s) iror	n sales of I	iiveiit	Business Code	White Shell			
Miscellaneous Revenue	11a					Eddiness Code	December 19 and			
scellaned Revenue	b									
ella	c									
isc R	d	All other revenue								
Σ	е					▶		0		
	10	Total revenue Se	a inct	ructions			1 493 79	41	0	1.493.79

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations r	nust complete colum	nn (A).
	Check if Schedule O contains a response		in this Part IX		
	t include amounts reported on lines 6b, 7b, , 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 .	36,293,800	36,293,800		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				•
	persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include	_		0	
_	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	U	U		
11	Fees for services (nonemployees):	0	0	0	0
a	Management	465,441	395,625	69,816	0
b	Accounting	26,200	0	26,200	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0		Line All The	0
f	Investment management fees	118,712	0	118,712	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	842,495	541,798	300,697	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	128,096	108,882	19,214	0
14	Information technology	51,798	44,028	7,770	0
15	Royalties	0	0	0	. 0
16	Occupancy	149,733	127,273	22,460	0
17	Travel	103,595	103,595	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	144,379	144,379	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0		0	0
22	Depreciation, depletion, and amortization .	108,652		108,652	0
23	Insurance	710	0	710	0
24	Other expenses. Itemize expenses not covered 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	Fundraising Software	14,213	0	0	14,213
b					
С		-			
d		-			
е			07 770 555	074.004	14.040
25	Total functional expenses. Add lines 1 through 24e		37,759,380	674,231	14,213
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 1 1,370,259 345,319 2 1,037,100 72,802,140 2 Savings and temporary cash investments 3 0 0 3 4 0 4 38,659 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 5 0 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 0 0 7 0 0 7 Assets 8 0 0 8 0 9 0 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . 10a 10c 434,607 0 10b 108,652 Less: accumulated depreciation 11 49,606,246 4,955,750 11 Investments—publicly traded securities 12 0 0 Investments—other securities. See Part IV, line 11 . . . 12 0 13 0 Investments—program-related. See Part IV, line 11 13 14 0 0 14 235,541 15 235,541 Other assets. See Part IV, line 11 15 52,683,753 78,377,409 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 0 0 17 18 0 0 18 19 0 0 19 20 0 0 20 0 21 0 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 0 22 0 0 23 0 Secured mortgages and notes payable to unrelated third parties . . . 23 24 9,000,000 0 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 0 25 26 9,000,000 0 26 Organizations that follow FASB ASC 958, check here ▶ ☑ **Balances** and complete lines 27, 28, 32, and 33. 78,377,409 27 43,683,753 Net assets without donor restrictions . . 27 28 0 28 0 Net Assets or Fund 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 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds . . . 31 32 43,683,753 78,377,409 32 33 52,683,753 Total liabilities and net assets/fund balances 78,377,409 33

_	4	2
Page	1	_

	0 (2020)					
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,493	
2	Total expenses (must equal Part IX, column (A), line 25)	2			38,447	_
3	Revenue less expenses. Subtract line 2 from line 1	3		_	36,954	_
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			78,37	
5	Net unrealized gains (losses) on investments	5			2,260	0,374
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			43,68	3,753
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					\Box
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	ı in 📗			
	Schedule O.		0			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were con					
	reviewed on a separate basis, consolidated basis, or both:		0	1	13:	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		3			
b	Were the organization's financial statements audited by an independent accountant?			2b		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	nt of			
·	the audit, review, or compilation of its financial statements and selection of an independent accounted	ant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	on [
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			-
Ja	Single Audit Act and OMB Circular A-133?			За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the			
D	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits		3b		
	,			For	n 990	(2020)

SCHEDULE D (Form 990)

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.

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. Inspecting Employer identification number

83-1047727 **Rule of Law Trust** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) . 2 Aggregate value of grants from (during year) . . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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 ☐ Yes ☐ No **Conservation Easements.** Part II 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 ☐ Preservation of a certified historic structure ☐ Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 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 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a 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: 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: Assets included in Form 990, Part X

Part		ections of Art, Hist	orical Treasures,	or Oth	er Similar As	sets (continued)
3	Using the organization's acquisition, acces collection items (check all that apply):					ignificant use of its
а	☐ Public exhibition		Loan or exchange			
b	Scholarly research	e l	Other			
С	☐ Preservation for future generations			_		
4	Provide a description of the organization's XIII.					
5	During the year, did the organization solici assets to be sold to raise funds rather than	t or receive donations to be maintained as p	s of art, historical tre part of the organization	easures, on's coll	, or other similated in the contract of the co	ar 🗌 Yes 🗌 No
Part	V Escrow and Custodial Arranger	ments.				
	Complete if the organization answays, Part X, line 21.		t.			
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?	odian or other interm	ediary for contribution	ons or	other assets no	ot Yes No
b	If "Yes," explain the arrangement in Part XII	II and complete the fo	llowing table:			*
					Α	mount
С	Beginning balance			1c		
d	Additions during the year			1d		
e	Distributions during the year			1e 1f		
f	Ending balance				account liability	/2 ☐ Yes ☐ No
2a b	If "Yes," explain the arrangement in Part XI	II Check here if the ex	colanation has been i	provide	d on Part XIII .	
Par		II. OHOOK HOLO II GIO O	ipianalion nae 2 com			
	Complete if the organization ans	wered "Yes" on For	m 990, Part IV, line	10.		
-			or year (c) Two years		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance					
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					
2	Provide the estimated percentage of the cu	urrent year end baland	ce (line 1g, column (a)) neid a	is:	
a	Board designated or quasi-endowment					
b	Permanent endowment >%	0				
С	Term endowment ▶ % The percentages on lines 2a, 2b, and 2c sh	aculd equal 100%				
20	Are there endowment funds not in the pos		zation that are held	and adı	ministered for t	he
3a	organization by:	ssession of the organi	zation that are notal	ana aa	Timilotoroa for t	Yes No
	(i) Unrelated organizations					3a(i)
						3a(ii)
b	If "Yes" on line 3a(ii), are the related organi					3b
4	Describe in Part XIII the intended uses of t		owment funds.			
Par	Land, Buildings, and Equipment Complete if the organization ans	nt. swered "Yes" on Fol	rm 990, Part IV, line	e 11a. :	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) /	Accumulated epreciation	(d) Book value
1a	Land	0	0	11. 4		0
b	Buildings	0	0		0	0
С	Leasehold improvements	0	0		0	0
d	Equipment	0			0	0
e	Other	000.5		2-1	108,652	434,607
Total	Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	x, column (B), line 10	JC.)	•	434,607

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV	/, line 11b. See I	Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	derivatives		
	neld equity interests		
3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Fotal. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		Transfer of the state of the st
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes" on Form 990, Part IV		1
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			,
(6)			
(7)			
(8)			
(9)	ımn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		
Part IX	Other Assets.		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11d. See	Form 990, Part X, line 15. (b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			741100
(6)			AMMENTAL
(7)			
(8)			
(9) T-+-1 (O-1	umn (b) must equal Form 990, Part X, col. (B) line 15.)		>
Part X	Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part I	V, line 11e or 11	f. See Form 990, Part X,
	line 25.		(b) Book value
1. (1) Fadarel	(a) Description of liability		(b) Dook value
	income taxes		
(2)		1.4.1	
(3)			
(4) (5)	Addition to the state of the st		
(6)			
(7)			
(8)			
(9)			
Total. (Co.	umn (b) must equal Form 990, Part X, col. (B) line 25.)		. ▶
2. Liability 1	or uncertain tax positions. In Part XIII, provide the text of the footnote to the organ	nization's financial s	statements that reports the
organizatio	n's liability for uncertain tax positions under FASB ASC 740. Check here if the tex	t of the footnote ha	s been provided in Part XIII .

Part	XI Reconciliation of Revenue per Audited Financial Statement		· Return.
	Complete if the organization answered "Yes" on Form 990, I		
	Total revenue, gains, and other support per audited financial statements		1
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
	Net unrealized gains (losses) on investments	2a	
	Donated services and use of facilities	2b	4
	Recoveries of prior year grants	2c	
	Other (Describe in Part XIII.)	2d	
	Add lines 2a through 2d		2e
	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIII.)	4b	4c
-	Add lines 4a and 4b		5
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line Reconciliation of Expenses per Audited Financial Statem	pente With Evnenses n	
Part	Complete if the organization answered "Yes" on Form 990,		er Heturn.
			11
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
2		2a	
a	Donated services and use of facilities	2b	
b	Prior year adjustments	2c	
C ~	Other (Describe in Part XIII.)	2d	
d	Add lines 2a through 2d		2e
е 3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, 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	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir		5
Part	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b and 2	2b; Part V, line 4; Part X, line
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional	information.
		~	

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Employer identification number

Name of the organization							Employer ide	nuncation numb	lei
Rule of Law Trust								83-1047727	
Part I General Information									
 Does the organization maint the selection criteria used to Describe in Part IV the organ 	award the grants nization's procedu	or assistance? res for monitoring	the use of grant fu		States.			. V Yes	□No
Part II Grants and Other A Part IV, line 21, for a	ssistance to Do ny recipient that	mestic Organiz received more th	rations and Dom nan \$5,000. Part	nestic Governm Il can be duplica	ated if additional	if the organization space is needed	n answere I.	ed "Yes" on I	orm 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista		(h) Purpose of or assistan	-
(1) Sch I, Stmt 1	-								
(2)	-		0						
(3)	-								
(4)	-								
(5)	-								
(6)	-								
(7)	-								
(8)	-								
(9)	-								
(10)	-								
(11)	-								
(12)	-								
2 Enter total number of section	on 501(c)(3) and go	vernment organiza	ations listed in the	line 1 table)	>	2
3 Enter total number of other	organizations liste	d in the line 1 table	e)	>	1

Part III can be duplicated if addi (a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Programme Supplemental Information Programme Supplemental In	ovide the information re	equired in Part I. I	ine 2: Part III, colum	n (b); and any other additi	onal information.
le Part Line 2 - The organization requir	es grantees to provide reg	ular updates on perfe	ormance of their progra	nms.	
e I, Part I, Line 2 - The organization requir	es grantees to provide reg	ular updates on perf	ormance of their progra	nms.	
e I, Part I, Line 2 - The organization reguir	es grantees to provide reg	ular updates on perfo	ormance of their progra	ims.	
e I, Part I, Line 2 - The organization requir	es grantees to provide reg	ular updates on perf	ormance of their progra	ims.	
e I, Part I, Line 2 - The organization reguir	es grantees to provide reg	ular updates on perf	ormance of their progra	ims.	
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Schedule I, Part IV, Statement 1

Form: Schedule I (2020)

Rule of Law Trust

EIN: 83-1047727

Page: 1

Part II, Line 1

Description of Grants and Other Assis	tance to Governments and Organizations in the United States
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		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Donors Trust Inc	52-2166327	5,793,800	0
	1800 Diagonal			
	Ste 280			
	Alexandria, VA 22314			
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	General Operating			
Name and address	Fidelity Charitable	11-0303001	9,000,000	0
	200 Seaport Blvd			
	Boston, MA 02210			
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	General Operating			
Name and address	Judicial Crisis Network	20-2303252	21,500,000	0
	3220 N Street NW			
	Washington, DC 20007			
IRC code section	501(c)(4)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	General Operating			

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

2020

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 an Independent Contractor and it is reviewed by legal counsel and the
Trustee prior to filing with the Internal Revenue Service (IRS)
Form 990, Part VI, Section B, Line 12c - Officers, directors, or trustees are required to read the Conflict of Interest Policy and comply with
the same.
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.