SCANNED DEC 1 7 2018

Return of Organization Exempt From Income Tax

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

f4 -

OMB No. 1545-0047

Department of the Treasury

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

Open to Public

Inter	nal Rever	nue Service	► Go to www	v.irs.gov/F	orm990 for instru	ctions and tr	ne latest il	ntormation.		Inspection		
Α	For the	2017 cale	ndar year, or tax year begi	inning		, 2017, a	and ending			, 20		
В	Check if	applicable	C Name of organization Rule of	of Law Defe	nse Fund				D Employ	er identification number		
П		change	Doing business as						46-513	10903		
ī.	Name cl	ŭ	Number and street (or P O b	ox if mail is n	ot delivered to street	address)	Room/suit	e	E Telepho	ne number		
\exists			1747 Pennsylvania Avenue			· · · · · · · · · · · · · · · · · · ·	800		202-263			
Η	Initial ref		City or town, state or provinc		ad ZID or foreign non	tal aada	l					
\vdash		irn/terminated	Washington, DC 20006	e, courtify, at	nd zir or loreign pos	ital code				. • 907 000		
\sqcup	Amende	ed return	•							eceipts \$ 907,000		
\sqcup	Applicat	tion pending	F Name and address of principal	al officer Ada	ım Pıper, 1747 Penn	sylvanıa Aveni	ue, NW			subordinates ² Ves Vo		
			Suite 800, Washington, DC 200	006						s included? 🗌 Yes 🔲 No		
<u></u>	Tax-exe	mpt status	☐ 501(c)(3) 🗹 5	501(c) (4) ◀ (insert no)	4947(a)(1) or	□ 527	If "I	No," attach a	list (see instructions)		
J	Website	e. ▶ rldf org	I			1	V	H(c) Group	exemption	number ▶		
K	Form of	organization	Corporation Trust	Association [Other ►	L Yea	ar of formati	on 2014	M State	of legal domicile DC		
_	art I	Summ			_	1						
	1		scribe the organization's	mission c	r most significa	nt activities	To share	best practi	ces among	state attorneys general,		
Ð	'	provide a f	forum among state attorneys	general fo	r discussion of fed	eral and state	e legislation	and rule m	akıng, assı	st in the formulation of stat		
ũ			tate policy development, and									
Ę									- 050/ -4	.4		
š	2		is box ▶☐ if the organiz					i more ma	1 1	its net assets.		
Ğ	3		of voting members of the		• •				. 3			
ಳ	4		of independent voting me		-			٠ .	4	6		
ţ	5		nber of individuals emplo				€2a) .	1	. 5	0		
Activities & Governance	6	Total nun	nber of volunteers (estima	ate if nece	ssary) R	EC.FIA	ردون. ئالىسىسىنىد	٠٠٠ إر	. 6	0		
Ac	7a	Total unre	elated business revenue	from Part	VIII, colump (C),	line 12 .	· Y	21	. 7a	0		
	b	Net unrel	ated business taxable inc	come from	ı Form 996T, lır	e-34 : 6.	1 6200	7	7b	0		
					121	404 F a	1	Z Prior Y	ear	Current Year		
	8	Contribut	tions and grants (Part VIII	L line 1h) .	101			1,072,	000	907,000		
Revenue	9		service revenue (Part VIII			OGDE!	この正		0	0		
	10	_	nt income (Part VIII, colu		os 3 4 and 7d)	سنستسسب	The same of the same		0			
æ			•			 d d d o \	· -		0	0		
	11		renue (Part VIII, column (A	•			<u> </u>	1,072,0				
	12		enue—add lines 8 through				ne 12)	1,072,0	0	907,000		
	13		nd similar amounts paid (· ·			0		
	14		paid to or for members (F				·		0	0		
S	15	Salaries, (other compensation, empl	oyee bene	fits (Part IX, colui	nn (A), lines	5–10)		0 0			
Expenses	16a	Profession	onal fundraising fees (Pari	t IX, colum	nn (A), line 11e)		. L	25,700		15,000		
g	b	Total fund	draising expenses (Part I	X, column	(D), line 25) ▶	15,000	L					
ŵ	17	Other exp	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e			694,666		922,024		
	18	Total exp	enses. Add lines 13-17 (must equa	al Part IX, colum	n (A), line 25	5) . [720,366		937,024		
	19	•	less expenses. Subtract				í h	35,634		-30,024		
5	+							eginning of C	urrent Year	End of Year		
sts o	20	Total acc	ets (Part X, line 16) .					405,66		454,551		
Asse	21		ulities (Part X, line 26)				· · · -	403,00		78,908		
Net Assets Fund Balance	22		• • • •	· ·			· ·	405,66				
		_	ts or fund balances. Subt	tract line 2	1 Iron line 20	<u> </u>				375,643		
	art II		ture Block									
Ų٢	ider pena	alties of penu	ry, I declare that I have examine lete Declaration of preparer (oth	ed this return,	, including accompai	nying schedule:	s and stater	nents, and to	the best of a	my knowledge and belief, it is		
	ie, conec	i, and compi	ete Decaration o preparer (otti	a d	er) is based on all will		— preparer	rias arry kriov	rieuge			
			Lee Prisce						<u> </u>	15/18		
Sig	gn	Sight	ature of officer		_			D	ate	•		
He	ere		Lee Kussell, 1	reasu								
		Туре	or print name and title									
<u> </u>	.:.d	Print/Ty	pe preparer's name	Prep	arer's signature		Da	te	Check If PTIN			
	iid								self-em			
	epare		ame ►					E		· · I .		
Us	se On			Firm's EIN ►								
Ma	v the II		ddress ► s this return with the prep	narer chou	n ahove? /see "	netri ictione)		Į Ph	one no	Yes No		
1410	17 LIIG		o ano retain with the Dick	- WILL 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	above: 1366 II	100 00000101				100 110		

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

Form **990** (2017)

Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u> U</u>
1	Eriefly describe the organization's mission. To share best practices among state attorneys general, provide a forum among state attorneys general for the discussion of fed.	teral and state
	legislation and rule making, assist in the formulation of state and multistate policy development, and engage federal policymake	
	interests of the states	13 regarding
	interests of the states	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		☐ Yes ☑ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•		☐ Yes ☑ No
	If "Yes," describe these changes on Schedule O.	_ 162 MI40
	· · · · · · · · · · · · · · · · · · ·	as massurad by
4	Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations.	
	the total expenses, and revenue, if any, for each program service reported.	dons to others,
	the total expenses, and revenue, if any, for each program service reported.	
	(Code) (Fundament 391 346) (Pougas of Code) (Pougas of Code)	
4a	(Code) (Expenses \$ 391,346 including grants of \$) (Revenue \$ Event costs including travel, workshops, roundtables and seminars on federal and state policy matters)
	Event costs including traver, workshops, foundables and seminars on federal and state policy matters	
	PLDE events are held to facilitate further education of attorneys general staff and other stakeholders on policy and legal develo	nment in the states
	RLDF events are held to facilitate further education of attorneys general staff and other stakeholders on policy and legal develo	
	and in Washington, DC	
4b	(Code	
	Staff and research costs toward provision of federal and state legal and policy analysis	
	Staff/consultants provide research support, legal and policy analysis, and best practices dissemination, via phone, email and w	ebsite
		••••••
	/O -	
4c	(Code) (Expenses \$including grants of \$) (Revenue \$	}
	,	
		•••••••••••••••••••••••••••••••••••••••
4d	Other program services (Describe in Schedule O.)	
74	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 669,060	
70	Total program dervice expended F 002,000	

Form 99	0 (2017)	,		Page 3
Part	V Checklist of Required Schedules		V	_ <u></u>
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	Yes	No ✓
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? <i>If "Yes," complete Schedule C, Part II</i>	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 temporarily restricted endowments, permanent endowments, or 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		✓
	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		✓
	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		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		✓ ✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		V
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	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		V
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
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		✓
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		V
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
			000	(2017

Part IV	Chacklist	of Required	Schedules	(continued)
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			Tes	NO
	Qid the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		✓
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	√	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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)			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	√	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓ ✓
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		✓
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	✓	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 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,			,
38	Part VI	37	✓	V
		For	m 9 <u>9</u> 0	(2017)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	· · ·	Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11	South	المالة	NEW an
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 11 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c		1 5
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	Viewy	312.34	- 10 AS
	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	This.	200.00
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-		950
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	N. Tark	V
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		√
b	If "Yes," enter the name of the foreign country ▶	148	影為	**
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		验头	
	(FBAR).	200		
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		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		_	
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١	,	
_	gifts were not tax deductible?	6b	TOTAL PL	L-MERTER A
7	Organizations that may receive deductible contributions under section 170(c).	多		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		2,28	185
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		├
b D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		Car .	100
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	78-25-25	SA-F
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		
ň	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	32 4 -V	1	100
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		337	E.V.
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	17		
а	Initiation fees and capital contributions included on Part VIII, line 12		No.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	48.00		
11	Section 501(c)(12) organizations. Enter	200	2.6	36.00
a b	Gross income from members or shareholders	- 12.50	2. S.	
D	against amounts due or received from them.)	100		3.6
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		- CO
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b		17, 385)	18.13E
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			新
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	- C-119	. Vraine
u	Note. See the instructions for additional information the organization must report on Schedule O.	12.00	GAZZA,	Sec. 1
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	1	**************************************
	the organization is licensed to issue qualified health plans	1	1	AB
С	Enter the amount of reserves on hand	M. P. S.	1	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		√
_	If "Voc." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14h		

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			
Section	on A. Governing Body and Management			
-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5		✓ ✓ ✓
b	one or more members of the governing body?	7a 7b		✓
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		
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 in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C		l No
		40-	Yes	No 🗸
10a b	Did the organization have local chapters, branches, or affiliates?	10a		V
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		V
b 12a 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> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	200	\
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 14 15	Did the organization have a written whistleblower policy?	13		/
а	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b		√
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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		/
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	類	
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Lee Russell. 1747 Pennsylvania Avenue. NW. Suite 800, Washington, DC 20006 (202)263-4660	cords	. ▶	

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	anız	atio	n c	ompe	nsa	ited any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee) or director/trusteer or director/trusteer or director/trusteer					one n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)		Institutional trustee	er	Key employee	Highest compensated employee	ier	organization (W-2/1099-MISC)		organization and related organizations
(1) Sean Reyes Director	1	✓		!				0	0	0
(2) Derek Schmidt Director	1	✓						0	0	0
(3) Alan Wilson Director	1	√						0	0	0
(4) Jeff Landry Director	1	✓		_				0	0	0
(5) Curtis Hill Director	1	√						0	0	0
(6) Adam Laxalt Director	<u>l</u>	✓						0	0	0
(7) Adam Piper President	36			✓				0	114,313	6,279
(8) Scott Will Vice President	10			✓				0_	229,615	19,509
(9) Lee Russell Treasurer	10			✓				0	146,031	12,887
(10)										
(11)									,	
(12)										
(13)										
(14)										-

	Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office Individua	ot chounless	neck i	rson	the portion of the second of t	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organization (W-2/1099-M	from ns	Estin amor ot compe fron organ and r	mated unit of ther ensation in the inization related izations
(15)				П	П								
(16)		-							-				
(17)					Н	\vdash							
(18)					H	\vdash							
(19)				$\mid \mid \mid$	\vdash			_			+	_	
(20)				H	\vdash						_		
(21)				H	\vdash			_			+		
(22)				H									
(23)				\vdash		_		\vdash			-		
(24)					-	_		\vdash	<u> </u>		-		
		+						_	<u> </u>				
										100			20 (85
	Total from continuation sheets to Part Total (add lines 1b and 1c)	 VII, Sectio	n A					> > >	0	489,9			38,675 38,675
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w	ho received m			of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete to	fficer, direc						emp	oloyee, or high	est comper	nsated	3	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual .											4	7
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or ind	ividual	5	
Section	on B. Independent Contractors											<u> </u>	
1	Complete this table for your five highest compensation from the organization. Repyear.												
	(A) Name and business add	dress							(B) Description of s	ervices	C	(C) ompens	ation
								\vdash					
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								₩					

Form **990** (2017)

Part	VIII	Statement of Reve							_
E MCA	N., b.&	Check if Schedule O			oonse or note t				<u></u> . 🗆
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns		1a	•				
ar our	b	Membership dues .		1b_					
Am Am	С	Fundraising events .		1c					
혈	d	Related organizations		1d					
Sins,	e	Government grants (con		1e					
utic	T	All other contributions, gi and similar amounts not inc		1f					
를 함	g	Noncash contributions include			907,000 0				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1		•	. , >	907,000			
_					Business Code				
ven	2a								
a Be	b								
Yi Ç	С								
Sel	d	•••••							<u> </u>
Iran	e •	All other program sen							
Program Service Revenue	g	Total. Add lines 2a-2			•	0			
<u> </u>	3	Investment income and other similar amo	(including		ends, interest,	0	The control of the co		
	4	Income from investment	t of tax-exer	mpt be	ond proceeds ▶	0			
	5	Royalties				0			
			(ı) Real		(II) Personal				
	6a	Gross rents							
	b	Less rental expenses			· · · · · · · · · · · · · · · · · · ·				
	C d	Rental income or (loss) Net rental income or ((loss)			0			
	7a	Gross amount from sales of	(i) Securit	ies	(II) Other				
		assets other than inventory		1					
	b	Less cost or other basis							
		and sales expenses .		•	_				
	С	Gain or (loss)			L				
O	d	Net gain or (loss) .			<u> ▶</u>	0			
evenue	8a	Gross income from fu events (not including \$							
Other Reve	_	of contributions reported See Part IV, line 18		· a					
ŏ		Less direct expenses Net income or (loss) f		. b		0			
		Gross income from ga See Part IV, line 19			events .				
	ь	Less direct expenses	s	. b					
		Net income or (loss) f		g act	ivities ▶	0			
	10a	Gross sales of in returns and allowance	less a						
	b	Less cost of goods s		. b					
•	С	Net income or (loss) f		of inv		O	West Edwar I with the Policy to	Sistematical and accordance with	SHESSIESEERESSELSSELSEESEERESSELSEE
		Miscellaneous P	Revenue	•	Business Code				
	11a b				_		 '		· ·
	B				-		-	 	
	ď	All other revenue .	· · · ·				l		-
	e	Total. Add lines 11a-	-11d		▶	0	門的理論		
	12	Total revenue See in	nstructions		•	907.000	0	0	0

Part IX Statement of Functional Expenses

Section	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns A	All other organization	ns must complete co	olumn (A).
	· Check if Schedule O contains a respon	se or note to any lin	ne in this Part IX .		<u></u>
	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	a .			
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits				
11 a	Fees for services (non-employees) Management				
b	Legal	28,500		28,500	
C	Accounting	1,138		1,138	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	15,000			15,000
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	,			
12	Advertising and promotion			,	
13	Office expenses	· 6,222		6,222	
14	Information technology	1,040		1,040	
15	Royalties	7,610		-1,4 (2	
16	Occupancy	45,150		45,150	·
17	Travel				
18	Payments of travel or entertainment expenses	98,586	75,013	25,507	
10	for any federal, state, or local public officials	40.470	43,170		
40		43,170			-
19	Conferences, conventions, and meetings .	275,157	275,157		
20	Interest			<u> </u>	-
21	Payments to affiliates				•
22	Depreciation, depletion, and amortization .				
23	Insurance	AND THE PARTY OF THE PARTY OF THE PARTY.	BU-SHEEKE HEEKE BUSE BEG	And the second of the second	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column		A CONTRACTOR		
-	(A) amount, list line 24e expenses on Schedule O.) Salary reimbursement to RAGA		经验的证据是实现的	120 100	· 李龙文文文学的学生的一个
а	Employee benefits reimbursement to RAGA	290,875		138,188	
b		15,294			
C	Policy news subscriptions	15.254			
d	Research	101,638	101,638		
, е	All other expenses .				
.25	Total functional expenses. Add lines 1 through 24e	937,024	669,060	252,964	15,000
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				1
	from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) ' End of year Beginning of year 454,551 405,667 1 Cash-non-interest-bearing 2 2 Savings and temporary cash investments . . . 0 3 Pledges and grants receivable, net . . 0 0 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see Instructions). Complete Part II of Schedule L 0 0 7 7 Notes and loans receivable, net . . . Inventories for sale or use 0 8 O Prepaid expenses and deferred charges ٥Ι Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 10b 0 10c Less accumulated depreciation 0 0 11 11 Investments—publicly traded securities 0 12 0 12 Investments—other securities, See Part IV, line 11. 0 13 0 Investments - program-related. See Part IV, line 11. 13 0 0 [14 14 0 0 Other assets. See Part IV, line 11 15 15 454,551 405,667 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 78,908 17 17 Accounts payable and accrued expenses 0 18 Grants payable 0 | 18 0 19 Deferred revenue . . . 0 19 n 20 Tax-exempt bond liabilities 0 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 21 0 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 0 23 Secured mortgages and notes payable to unrelated third parties ... 23 Unsecured notes and loans payable to unrelated third parties 0 0 24 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 78,908 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets . . . 29 Permanently restricted net assets . . . Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

9

Assets

30

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances .

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds.

Form **990** (2017)

375,643

454,551

30

31

32

33

34

405,667

405,667

OIIII 93				Га	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u>.</u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		907,0	000
2	Total expenses (must equal Part IX, column (A), line 25)	2		937,0)24
3	Revenue less expenses. Subtract line 2 from line 1	3		-30,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		405,	667
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		375,6	643
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>		
	modified cash			Yes	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		1		N. P.
	If the organization changed its method of accounting from a prior year or checked "Other," en	xplaın in	3 2 3	***	
	Schedule O.			32.3	
2a	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 com-	ipiled or	232	2	1
	reviewed on a separate basis, consolidated basis, or both			1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				3.7
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 audit	ted on a	3.2		數湖
	separate basis, consolidated basis, or both			識	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		3.30	鑑	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of				_
	of the audit, review, or compilation of its financial statements and selection of an independent acco		2c		✓
	If the organization changed either its oversight process or selection process during the tax year, e	xplaın ın	愛蘇	蠶	
	Schedule O.		1	2 2	***
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t 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 und				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	audits.	3b		
				~~~	

Form **990** (2017)

## SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

46-5130903 Rule of Law Defense Fund Part | Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use Payments for business use of personal residence ☐ Travel for companions ☐ Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as, maid, chauffeur, chef) ☐ Discretionary spending account b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b **199** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. . Compensation committee ☐ Written employment contract ☐ Compensation survey or study ☐ Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization 4a 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . . If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? . . . . . If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? . Any related organization? . . . . 6b If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe . . . . . . . 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

. . . . . . . . . . .

Regulations section 53.4958-6(c)?

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

udividual whose compensation must be reported on Schedule J, report compensation from the organizations on row (i) and from related organizations, described in the Part II

(F) Compensation in column (B) reported as deferred on prior Form 990 Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 249,124 (E) Total of columns (B)(I)—(D) 158,918 0 6,259 5,654 (D) Nontaxable benefits 13,250 7,233 (C) Retirement and other deferred compensation оþ 0:0 (iii) Other reportable compensation (B) Breakdown of W-2 and/or 1099-MISC compensation instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. (ii) Bonus & incentive compensation 30,000 13,300 199,615 (I) Base compensation 132, ΞΞ ≘ ≘  $\Xi$ EE  $\Xi$ EE ΞΞ  $\Xi$ ΞΞ  $\Xi$  $\Xi$  $\Xi$  $\Xi$  $\Xi$  $\Xi$  $\Xi$ Scott Will, Vice President Lee Russell, Treasurer (A) Name and Title 9 5 15 16 ო ß œ 6 우 F 12 4

Schedule J (Form 990) 2017

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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.																
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#### **SCHEDULE L** (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

OMB No 1545-0047

► 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.

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

Department of the Treasury Internal Revenue Service

(10)

Name o	of the organization		<b>3</b>					Empl	oyer ider	itificati	on nur	nber		
Rule	of Law Defense Fund							46-5	130903					
Par	Excess Benef	fit Transaction e organization	i <b>s</b> (section 501 answered "Ye	(c)(3), s" on F	section : Form 990	501(c)(4), a 0, Part IV, I	nd 50 ine 25	1(c)(29) organi a or 25b, or F	zations orm 99	only) )-EZ,	Part \	√, lıne	40b.	
_	(a) Name of discustified	2000	(b) Relationship be	etween d	lisqualified	person and		(c) Descripti	on of trai	saction	,		(d) Corr	ected?
1	(a) Name of disqualified	person		organiza				(C) Descripti	On Or trai	isactioi	•		Yes	No
(1)														
(2)														
(3)								-						
(4)						•								
(5)														
(6)														
2	Enter the amount under section 4958		l by the orgar 	nizatioi	-	-		red persons d	uring t	he ye !	ar ► \$			
3	Enter the amount of	f tax, if any, on	line 2, above,	reimb	ursed by	the organi	izatıoı	ı		!	<b>&gt;</b> \$			
Part	Complete if th	/or From Inter le organization eported an amo	answered "Ye	s" on I	Form 99 art X, line	0-EZ, Part e 5, 6, or 2	V, line 2.	38a or Form	990, Pa	rt IV,	line 2	6; or 1	f the	
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or m the nization?	(e) Origir principal an		(f) Balance due	(g) in o	default?	by bo	proved pard or nittee?	(i) Wi agree	ritten ment?
				То	From	1			Yes	No	Yes	No	Yes	No
(1)														
(2)														
(3)														
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<u>(9)</u>									<u> </u>					
(10)		<u> </u>						<u></u>		<u> </u>	ļ		3.	
Total		<u> </u>					<u>. ▶</u>	\$			<u> </u>			7
Part		sistance Bene ne organization				0, Part IV, I	ine 2	7.						
(a	Name of interested person		ship between inter and the organization		(c) Amount	t of assistance		(d) Type of assista	nce	(e	) Purpo	se of a	ssistan	ce
(1)														
(2)														
(3)														
(4)														
(5)														
(6)			·											
(7)	<u> </u>													
(8)							<b> </b>							
(9)		1		1			I			1				

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	zatıc
				Yes	N
publican Attorneys General Association	Connected Org	290,875	Salary Reimbursement	<u> </u>	V
publican Attorneys General Association	Connected Org	15,294	Employee Benefits Reimbursement	<del> </del>	حا
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V Supplemental Information	1		<u> </u>		_
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#### 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.

OMB No 1545-0047 2017

Department of the Treasury Internal Revenue Service Name of the organization

Rule of Law Defense Fund

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection
Employer identification number 46-5130903

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Partl

2017 Open to Public

OMB No 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

Related Organizations and Unrelated Partnerships

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

Employer identification number Inspection

46-5130903 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Rule of Law Defense Fund

(a) Name, address, and EIN (if applicable) of disregarded entity	Primar	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	olling
(1)							
(2)							1
(3)							
(4)							
(5)							
(9)							
Part II Identification of Related Tax-Exempt Organizations.	zations. Complete if the during the tax year.	zations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had during the tax year.	swered "Yes" or	n Form 990, Pa	rt IV, line 34, bed	cause it ha	ا و
	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f)  Us Direct controlling  entity	g Section 512(b)(13) controlled entity?	12(b)(13) olled sy ²
(1) Republican Attorneys General Association, EIN #46-4501717 1747 Pennsylvania Avenue, NW. Suite 800. Washington, DC 20006	l Org	DC	527	ΑN	RAGA	3	<b>   </b>
(2)							
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Schedule R (Form 990) 2017

Cat No 50135Y

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

Schedule R (Form 990) 2017

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		Predominant Sha income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) (h) Share of end-of- Disproportionate year assets allocations?	(h) if- Disproportiona allocations?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr		(k) Percentage ownership
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(2)												<u> </u>	
Part IV Identification of Rolline 34, because it it	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ns Taxable ated organi	as a Corpora	tion or as a co	<b>Frust.</b> Comp	lete if the trust duri	organizati	on ansv year.	wered	"Yes" on F	orm 99(	), Part	Ŋ,
(a) Name, address, and EIN of related organization	organization	(b) Primary activity	(c)  Legal domicile  (state or foreign country)		(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income		(g) Share of Pend-of-year assets	(h) Percentage ownership	Section	(I) Section 512(b)(13) controlled entity?
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	34, 35b, or 36.
	90, Part IV, line
	ted Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
	ization answered
	plete if the organ
	inizations. Com
	a
990) 2017	ransactions With Rel
Schedule R (Form 990) 20	Part V

o o o o o o o o o o o o o o o o o o o	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	more related organ	zations listed in Parl	Yes No
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ship or fundraising solicitations for related organization(s)  Ing lists, or other assets with related organization(s)  ted organization(s) for expenses  anization(s) for expenses  or related organization(s)  organizatio				\ <u>\</u>
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or related organization(s)	Reimbursement paid by related organization(s) for expense			- 1q
om related organization(s)  om related organization(s)  "Yes," see the instructions for information on who must complete this line, including covered relationships and (b)  (b)  Transaction  type (a – s)  M  N/A  Negligit				
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(a)         (b)         (c)         Method of panization         Amount involved for panisaction         Method of panisaction           P         306,169         Salary/Ben           M         N/A         Negligit           N         N/A         Negligit	If the answer to any of the above is "Yes," see the instructions for information on who must	nplete this line, inclu	iding covered relatio	nships and transaction thresholds.
M   N/A   Negligit   N/A   N/A   Negligit   N/A   N/A   Negligit   N/A	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
M N/A Negligit N N/A Negligit		۵	306,169	Salary/Benefits Reimbursement
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	(3) The production of the prod			0
	(4)			
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				Schedule R (Form 990) 2017

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

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(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	<u>بر</u>	(h) Disproportionate allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
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orm 990) 2017	Page <b>5</b>
<b>Supplemental Information.</b> Provide additional information for responses to questions on Schedule R. See instructions.	
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	Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.