Form	990
Form	990

Department of the Treasury

Return of Organization Exempt From Income Tax

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



Do not enter social security numbers on this form as it may be made public.
Co to your instructions and the latest information

Intern	al Reve	► Go to www.irs.gov/Form990 for instructions and t	the latest	information.	Inspection				
AF	or th	e 2018 calendar year, or tax year beginning and e	ending						
a	heck if pplicab	WISCONSIN INSTITUTE FOR LAW & LIBERTY,		D Employer identific	ation number				
	_chang _Name _chang		45-1606079						
	Initial		Room/suite	E Telephone number					
	 Final			· · · · · ·	727-9455				
	lreturn termin ated			G Gross receipts \$	1,950,007.				
	Amen	MILWAOKEE, WI 55202		H(a) Is this a group re					
	Applie tion pendi	F Name and address of principal officer: RICHARD M. ESENDERG		for subordinates					
		SAME AS C ABOVE		H(b) Are all subordinates in					
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) $4947(a)(1)$ or	527 <u>527</u>	1 [']	ist. (see instructions)				
_		te: WWW.WILL-LAW.ORG		H(c) Group exemption					
	orm o	rorganization: X Corporation Trust Association Other ►	L Year	of formation: 2011 N	State of legal domicile: WI				
Га			DOANT						
e	1	Briefly describe the organization's mission or most significant activities: THE O							
Governance		THE PROMOTION OF FREE MARKETS, LIMITED GOV			-				
ern	2	Check this box ightharpoonup if the organization discontinued its operations or dispose		1.1	ets. 5				
30	3				<u> </u>				
8 (Number of independent voting members of the governing body (Part VI, line 1b)			18				
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5				
Activities &		Total number of volunteers (estimate if necessary)			0.				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	a	Net unrelated business taxable income from Form 990-T, line 38	<u></u>	Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		2,013,511.	1,841,926.				
Revenue	9	Program service revenue (Part VIII, line 2g)		103,279.	75,616.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,220.	16,506.				
Ř		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,098.	-23,118.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,117,912.	1,910,930.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,481,447.	1,624,227.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		13,728.	16,319.				
bei		Total fundraising expenses (Part IX, column (D), line 25) 138,13							
ĥ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		412,285.	380,238.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,907,460.	2,020,784.				
	19	Revenue less expenses. Subtract line 18 from line 12		210,452.	-109,854.				
ces			Be	ginning of Current Year	End of Year 3,059,172.				
Assets or Balances	20	Total assets (Part X, line 16)	2 162						
t As d Bi	21	Total liabilities (Part X, line 26)		550.	7,450.				
Eun	22	Net assets or fund balances. Subtract line 21 from line 20		3,161,576.	3,051,722.				
Pa	rt 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
Here		RICHARD M. ESENBERG, PRESIDENT & GENE	RAL COUNSEI	
		Type or print name and title		
	Prin	nt/Type preparer's signature	Date	Check PTIN
Paid	LE	ANNE BUTTKE, CPA LEANNE BUTTKE,	CPA 11/07	7/19 self-employed P00041244
Preparer	Firm	m's name 🍺 WIPFLI LLP		Firm's EIN 39-0758449
Use Only	Firm	m's address 🕨 10000 INNOVATION DRIVE, SUITE 2	50	
		MILWAUKEE, WI 53226-4837		Phone no. 414. 431. 9300
May the I	RS di	discuss this return with the preparer shown above? (see instructions)		X Yes No
832001 12-3	1-18	LHA For Paperwork Reduction Act Notice, see the separate instruct	tions.	Form 990 (2018)
~				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	WISCONSIN INSTITUTE FOR LAW & LIBERTY, 990 (2018) INC. 45-1606079 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	THE ORGANIZATION IS DEDICATED TO THE PROMOTION OF FREE MARKETS,
	LIMITED GOVERNMENT, INDIVIDUAL LIBERTY, AND A ROBUST CIVIL SOCIETY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,038,728. including grants of \$) (Revenue \$75,616.)
	EDUCATION INITIATIVE:
	THIS PROJECT REVOLVES AROUND EXPANDING PARENTAL AND SCHOOL AUTONOMY,
	DISRUPTING THE ENTRENCHED BUREAUCRACIES, AND PUSHING FOR POLICIES THAT
	MAKE STATE FUNDS FOLLOW THE STUDENT. IN SHORT, WE SEEK TO PROMOTE AND
	DEFEND EDUCATIONAL CHOICE. WE PURSUE THESE OBJECTIVES THROUGH CAREFUL
	STRATEGIC LITIGATION AND PUBLIC ADVOCACY, INCLUDING REPORTS AND PRESS
	RELEASES.
4b	(Code:) (Expenses \$ 398,996. including grants of \$ 0.) (Revenue \$ 0.)
	PUBLIC POLICY:
	THE WISCONSIN INSTITUTE FOR LAW & LIBERTY IS DEDICATED TO THE PROMOTION
	OF FREE MARKETS, LIMITED GOVERNMENT, INDIVIDUAL LIBERTY, AND A ROBUST
	CIVIL SOCIETY THROUGH EDUCATION, LITIGATION AND PARTICIPATION IN PUBLIC
	DISCOURSE. AS A NON-PROFIT AND NON-PARTISAN ORGANIZATION, THE
	ORGANIZATION LITIGATES IN THE AREAS OF PROPERTY RIGHTS, THE FREEDOM TO
	EARN A LIVING, VOTING RIGHTS, REGULATION, TAXATION, SCHOOL CHOICE, AND
	RELIGIOUS FREEDOM. AS AN EDUCATION ORGANIZATION, THE ORGANIZATION
	STRIVES TO ADVANCE THE DEBATE CONCERNING LAW AND PUBLIC POLICY IN THESE
	AND OTHER AREAS.
4c	(Code:) (Expenses \$ 265,917. including grants of \$) (Revenue \$)
	COMPETITIVE FEDERALISM:
	WILL ENGAGES IN STRATEGIC LITIGATION, PUBLIC EDUCATION AND THE
	DEVELOPMENT OF MODEL LEGISLATION TO ADVANCE AUTHENTIC CONSTITUTIONAL,
	OR "COMPETITIVE," FEDERALISM.
<u> </u>	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,703,641.
832002	Form 990 (2018) SEE SCHEDULE O FOR CONTINUATION(S)

WISCONSIN INSTITUTE FOR LAW & LIBERTY, Form 990 (2018) INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u> </u>
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	X	
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		<u> </u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			x
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		<u></u>	
b		11b		х
с	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
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	X	
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		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	Х

Form	990 (2018) INC. 45-160	6079	Р	_{age} 4
Pa	t IV 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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
	Schedule J	23	Δ	<u> </u>
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			v
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		X
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		X
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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
21				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
~~	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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
34				x
05 -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
_	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
b		ō		
5	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
Ū	(gambling) winnings to prize winners?	1c		
		1 10		·

Form	990 (2018) INC •		45-1606	079	Р	age 5				
Pa	t V 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	18							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a										
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other at									
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	coun	t)?	4a		x				
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 Ac	count	s (FBAR).							
5a				5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X				
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									
	any contributions that were not tax deductible as charitable contributions?			6a		x				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution									
	were not tax deductible?		-	6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices p	rovided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requ	ired							
	to file Form 8282?			7c		X				
d										
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h										
8										
	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		10a								
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:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
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	o i i i			13a						
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
c	Enter the amount of reserves on hand	13c				v				
14a				14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of the section 4960 tax on payment			45		- v				
	excess parachute payment(s) during the year?			15		X				
16	If "Yes," see instructions and file Form 4720, Schedule N.	ince	202	46		x				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	ncon	IE (16						

Form **990** (2018)

	990 (2018) INC •		45-160	060)79	Pa	age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thi	rough	7b below, and for	r a "l	Vo" re	spons	е
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in	structions.				
	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
			I	_ 0		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		5			
	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.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				37
	officer, director, trustee, or key employee?			·	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the		•		•		v
	of officers, directors, or trustees, or key employees to a management company or other person?				3 4		<u>Х</u> Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99			_ Г	4 5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assored the organization have members or stockholders?			Г	5 6		X
0 7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			·	0		- 23
74	more members of the governing body?				7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			· F	74		
~	persons other than the governing body?				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			· F			
a	The governing body?	-	-	- [8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			Γ			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)				
				Г		Yes	No
	Did the organization have local chapters, branches, or affiliates?			··	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	•			101		
440			o filing the form?	··	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Deloi		h	<u>11a</u>	Λ	
					12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		licts?	_ Г	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$			F	12.0		
-	in Schedule O how this was done	,			12c	x	
13	Did the organization have a written whistleblower policy?			Ē	13	X	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			.	15a	X	
b	Other officers or key employees of the organization			.	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a				
	taxable entity during the year?			·	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi				104		
Sec	exempt status with respect to such arrangements?			.	16b		
17	List the states with which a copy of this Form 990 is required to be filed WI						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	1 990	T (Section 501(c))	(3)5 (onlv) =	availah	le
	for public inspection. Indicate how you made these available. Check all that apply.			2,5 (,,		
	X Own website Another's website X Upon request Other (explain	in Sci	nedule ()				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con		,	ınd fi	inanci	al	
	statements available to the public during the tax year.		,				
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records				
	RICHARD M. ESENBERG - 414-727-9455						
	330 EAST KILBOURN AVENUE, SUITE 725, MILWAUKEE, WI	53	202				

Form 990 (2018)

I

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

INC.

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 nor any related organization compensated any current officer, director, or trustee. Т

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition more	ו than o	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direct				-		organization	(W-2/1099-MISC)	from the
	related	tee or	istee			ensate		(W-2/1099-MISC)		organization
	organizations	l trust	nal tri		oyee	ompe				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JAMES T. BARRY III	1.00									
DIRECTOR		Х						0.	0.	0.
(2) MICHAEL W. GREBE	1.00									
DIRECTOR		Х						0.	0.	0.
(3) CHRISTOPHER WOLFE	1.00									
DIRECTOR		Х						0.	0.	0.
(4) MICHAEL H. WHITE	1.00									
CHAIRMAN		Х		X				0.	0.	0.
(5) RICHARD M. ESENBERG	40.00									
PRESIDENT & GENERAL COUNSEL		Х		X				294,840.	0.	54,713.
(6) STACY A. STUECK	40.00									
VP FOR ADMINISTRATION				X				90,407.	0.	21,160.
(7) THOMAS KAMENICK	40.00							100 - 10		~~ ~~
DEPUTY COUNSEL	40.00					X		102,546.	0.	29,799.
(8) CHARLES SZAFIR	40.00							126 510	0	00 1 5 1
EXECUTIVE VP	-					X		136,519.	0.	29,151.
	+		-			+				
						\vdash				
						-				
		-								
						\square				

	N INSTIT	.UI	Έ	FC	R	LA	W	& LIBERTY,	4 - 1	c			•
Form 990 (2018) INC.	–								45-1	606	079	F	Page 8
Section A. Onicers, Directors, Trus		ploy	ees,			ghes	st C		, , ,			(=)	
(A) Name and title	(B) Average hours per week	box offi	, unle	Pos heck	rson i	than is boti pr/trus	n an	(D) Reportable compensation from	from related organizations c (W-2/1099-MISC) C)			(F) stimat nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)			fr org an	pensa om th aniza d rela anizat	ne tion ted
			=	0	×	Ξæ							
			-				-						
			-				_						
 1b Sub-total								624,312.		0.	13	4 8	23.
c Total from continuation sheets to Part V								0.		0.			0.
						<u></u>		624,312.		0.	13	4,8	23.
2 Total number of individuals (including but r compensation from the organization ►	ot limited to th	iose	liste	ed at	oove	e) wh	io re	eceived more than \$100,	000 of reportable	e			3
			_									Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s											3		x
4 For any individual listed on line 1a, is the su	um of reportabl	le co	mpe	ensa	tion	and	l oth	ner compensation from t	he organization		4	v	
and related organizations greater than \$155 Did any person listed on line 1a receive or a											4	X	
rendered to the organization? If "Yes," con	nplete Schedul	e J fe	or sı	uch į	oers	on					5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs tł	hat received more than \$	100,000 of com	pensa	tion fro	om	
the organization. Report compensation for								n the organization's tax y					
(A) Name and business	address	NC	ONE	Ξ				(B) Description of s	ervices	С	(C compe		n
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	niteo	d to	thos (ted	above) who received me	ore than				

Pa	rt VI	Statement of Revenue				
		Check if Schedule O contains a response or note to any li	ne in this Part VIII			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f: \$20,078.	-			
	2 a	Business CodCASE FEE REVENUE544110		75,616.		
Program Service Revenue	b c d					
Prog		All other program service revenue	75,616.			
	3	Investment income (including dividends, interest, and other similar amounts)	16,506.			16,506.
	4 5	Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal				
	b	Gross rents Gross rents Gross rental expenses Rental income or (loss)				
		Net rental income or (loss) Gross amount from sales of assets other than inventory	-			
	с	Less: cost or other basis and sales expenses Gain or (loss)	-			
venue		Net gain or (loss) Gross income from fundraising events (not including \$ 20,078. of contributions reported on line 1c). See				
Other Revenue		Part IV, line 18 a 15,959. Less: direct expenses b 39,077.	,			00 110
	9 a	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19	-23,118.			-23,118.
	с	Less: direct expenses b Net income or (loss) from gaming activities Gross sales of inventory, less returns				
		and allowances a b Less: cost of goods sold b Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Cod				
	11 a b					
		All other revenue				
		Total revenue. See instructions	1,910,930.	75,616.	0.	-6,612.

Form 990 (2018)

Form 990 (2018) INC .
Part IX Statement of Functional Expenses

0001	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	4.51 1.00	226 522	100 010	46 440
	trustees, and key employees	461,120.	306,792.	108,216.	46,112
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	025 012	767 004	20 412	46 007
7	Other salaries and wages	835,213.	767,894.	20,412.	46,907
8	Pension plan accruals and contributions (include	61 222		100	2 100
~	section 401(k) and 403(b) employer contributions)	61,333. 179,882.	<u>57,955.</u> 158,901.	<u>180.</u> 9,571.	3,198 11,410 6,068
9	Other employee benefits	86,679.	72,810.	7,801.	<u> </u>
0	Payroll taxes	00,079.	/2,010.	7,001.	0,000
1	Fees for services (non-employees):				
	Management				
b		10,787.		10,787.	
C	• • • • • • • • • • • • • • • • • • •	10,707.		10,707.	
	Lobbying	16,319.			16,319
e 4	Professional fundraising services. See Part IV, line 17	10,515.			10,515
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	210,172.	205,775.	4,397.	
12	Advertising and promotion	210,172.	205,115.		
12 3	Office expenses	8,738.	2,891.	1,558.	4,289
4	Information technology	1,324.	543.	781.	1/205
5	Royalties		0101	, • • • •	
16	Occupancy	42,442.	35,651.	3,820.	2,971
17	Travel	26,615.	26,335.		280
8	Payments of travel or entertainment expenses				
Ū	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	7,479.	7,479.		
0	Interest	,	, =		
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	7,007.	5,886.	631.	490
3	Insurance	7,229.	4,529.	2,700.	
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) amount, list line 24e expenses on Schedule 0.)				
а	CLIENT DEVELOPMENT	14,263.	14,263.		
b	SUBSCRIPTIONS AND REFER	12,582.	12,582.		
с	MEMBERSHIP AND DUES	10,671.	8,245.	2,426.	
d	PUBLIC OUTREACH	7,529.	7,529.		
е	All other expenses	13,400.	7,581.	5,728.	91
5	Total functional expenses. Add lines 1 through 24e	2,020,784.	1,703,641.	179,008.	138,135
6	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)				

art X	Ň	2018) INC . Balance Sheet					1606079 Page
		Check if Schedule O contains a response or not	e to any	ine in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			2,616,346.	1	2,429,848
2	2	Savings and temporary cash investments				2	
3		Pledges and grants receivable, net			512,000.	3	589,140
4		Accounts receivable, net			0.	4	7,535
5		Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated emp	oyees. Complete			
		Part II of Schedule L				5	
6	6	Loans and other receivables from other disquali	fied pers	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(B)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501()(9) voluntary			
		employees' beneficiary organizations (see instr).				6	
7	7	Notes and loans receivable, net				7	
8		Inventories for sale or use				8	
9		–			12,788.	9	14,76
10	Da	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	41,133.			
	b	Less: accumulated depreciation	10b	<u>41,133.</u> 23,247.	20,992.	10c	17,88
11		Investments - publicly traded securities				11	
12		Investments - other securities. See Part IV, line				12	
13	3	Investments - program-related. See Part IV, line	11			13	
14		Intangible assets				14	
15		Other assets. See Part IV, line 11				15	
16	6	Total assets. Add lines 1 through 15 (must equ			3,162,126.	16	3,059,17
17	7	Accounts payable and accrued expenses			550.	17	7,45
18	в	Grants payable				18	
19	9	Deferred revenue				19	
20	D	Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
22	2	Loans and other payables to current and former	officers,	directors, trustees,			
		key employees, highest compensated employee	es, and d	squalified persons.			
		Complete Part II of Schedule L				22	
23	3	Secured mortgages and notes payable to unrela	ated third	parties		23	
24	4	Unsecured notes and loans payable to unrelated	d third pa	rties		24	
25	5	Other liabilities (including federal income tax, pa	yables to	related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D				25	
26	6				550.	26	7,45
		Organizations that follow SFAS 117 (ASC 958), check	here 🕨 🗴 and			
		complete lines 27 through 29, and lines 33 an	d 34.				
27	7	Unrestricted net assets			2,084,921.	27	2,277,22 774,49
28	8	Temporarily restricted net assets			1,076,655.	28	774,49
29	9	Permanently restricted net assets		<u></u> .		29	
		Organizations that do not follow SFAS 117 (A	SC 958),	check here			
		and complete lines 30 through 34.					
30	0	Capital stock or trust principal, or current funds				30	
31	1	Paid-in or capital surplus, or land, building, or ea	quipment	fund		31	
32		Retained earnings, endowment, accumulated in		·····		32	
33	3	Total net assets or fund balances			3,161,576.	33	3,051,72
34					3,162,126.	34	3,059,17

WISCONSIN	INSTITUTE	FOR	LAW	&	LIBERTY,
TNC					

	990 (2018) INC .	45-16	06079	Page 12
Pa	rt 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	1,910	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,784.
3	Revenue less expenses. Subtract line 2 from line 1	3		,854.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,161	,576.
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	3,051	,722.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	

Form **990** (2018)

(Form 990 or 990-EZ) Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. 2 Department of the Treasury Attach to Form 990 or Form 990-EZ. 0po							OMB No. 1545-0047			
Nan	ne of t	he organizatio	INC.	ONSIN INST.	ITUTE FOR LAW	V & Г]	BERTY			r identification number 5-1606079
Pa	rt I	Reason		Charity Status	All organizations must co	molete th	is part) Se	e instruction		5-1000079
					For lines 1 through 12, cl					
1 2 3		A church, cor A school deso A hospital or	nvention of chi cribed in sect i a cooperative	urches, or associatio ion 170(b)(1)(A)(ii). (hospital service orga	n of churches described Attach Schedule E (Form unization described in se	in sectio 990 or 99 ection 170	n 170(b)(1 90-EZ).) (b)(1)(A)(ii	i).		
4			-	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
5		0	on operated fo	or the benefit of a col Complete Part II.)	lege or university owned	or operate	ed by a go	vernmental u	nit describ	ed in
6		A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X				ntial part of its support fr	om a gove	ernmental	unit or from th	ne general	public described in
8				omplete Part II.)	1/A/wi) (Complete Ded	. 11.)				
9	\square	•			 (1)(A)(vi). (Complete Part in section 170(b)(1)(A)(i) 	-	ed in coniu	inction with a	land-grant	college
Ū					ulture (see instructions).					
10			on that norma	lly receives: (1) more	than 33 1/3% of its supp	port from c	ontributio	ns, membersl	hip fees, ar	nd gross receipts from
		activities relat	ed to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support	from gross investment
					(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.
				mplete Part III.)						
11					vely to test for public saf					
12		-	-	-	vely for the benefit of, to				-	
					d in section 509(a)(1) o f supporting organizatior					
а		7			upervised, or controlled					aivina
u		••		•	gularly appoint or elect a		Ũ			
			0	complete Part IV, Se		inajointy o				apporting
b		7 [°]		•	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hay	vina
~				-	anization vested in the sa			-		-
			•	t complete Part IV,					go the sup	
с			()		g organization operated	in connect	ion with. a	and functional	llv integrate	ed with.
			-). You must complete F				,	
d		Type III no	n-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	/ith its suppo	rted organi	zation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sat	sfy a distri	ibution rec	uirement and	an attenti	veness
		requiremen	t (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this	box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally	integrated, or	Type III non-functior	nally integrated supportir	ng organiz	ation.			
f		er the number of		•						
<u> </u>		vide the followi i) Name of support		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetany	(vi) Amount of other
	,	organization			(described on lines 1-10	in your governi Yes	ng document? No	support (see in		support (see instructions)
		-			above (see instructions))	165				
Tota	1									

Schedule A (Form 990 or 990-EZ) 2018 INC. Part II Support Schedule for Orga

45-1606079 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1462199.	2973108.	1368137.	2013511.	1841926.	9658881.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	1462199.	2973108.	1368137.	2013511.	1841926.	9658881.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6842985.
6	Public support. Subtract line 5 from line 4.						2815896.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	1462199.	2973108.	1368137.	2013511.	1841926.	9658881.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	410.	683.	1,017.	3,528.	16,506.	22,144.
9	Net income from unrelated business					,	•
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						9681025.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	377,953.
	First five years. If the Form 990 is for						,
.0	organization, check this box and stop	-			•		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2018 (li	ine 6. column (f) di	vided by line 11. co	olumn (f))		14	29.09 %
15	Public support percentage from 2017					15	24.21 %
	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual					,,	
1 7a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	•					
	meets the "facts-and-circumstances"					it willow the organ	5 37
h	10% -facts-and-circumstances test	•	•		•		
Ň	more, and if the organization meets th	•					
	organization meets the "facts-and-circ						, ►
19	Private foundation. If the organizatio		•	•			
10	rivate ioundation. If the organizatio	IT UIU HOL CHECK A		a, 100, 178, 01 170	, check this box al	na see instructions	

Schedule A (Form 990 or 990-EZ) 2018

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

Se	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	6 (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
Ċ	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		first second the	d founds an Cfile 1		<u> </u>	
14	First five years. If the Form 990 is fo	-			-		
Se	check this box and stop here ction C. Computation of Publi	ic Support Per					
	Public support percentage for 2018 (column (f))		15	%
	Public support percentage from 2017		-			16	%
	ction D. Computation of Inves						/0
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2018. If the					·	
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

Schedule A (Form 990 or 990-EZ) 2018 INC. Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		45-160607	9 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described in (a) above?	11b		
c Sec	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	~ ~		
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entit	y (see instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or tructors of each of the supported organizations? Dravide details in Part VI	20		
۲	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	<u> </u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	Зb		
	en de supported organizationer in res, describent en en en played by the organization in this regard.			I

Schedule A (Form 990 or 990-EZ) 2018

WISCONSIN	INSTITUTE	FOR	LAW	&	LIBERTY,

	edule A (Form 990 or 990 EZ) 2018 INC.	0		45-1606079 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		n Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must cor	nplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2018

Sche Par	dule A (Form 990 or 990-EZ) 2018 INC.	(a)(2) Supporting Orga		5-1606079 Page 7
		(a)(s) Supporting Orga	nizations (continued)	
-	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	a of our ported executations		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	
4	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)			
<u>5</u> 6				
7	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	a organization is reasonably		
0	(provide details in Part VI). See instructions.	le organization is responsive		
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
10		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

WISCONSIN	INSTITUTE	FOR LAW	&	LIBERTY
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Schedule A (Form 990 or 990-EZ) 2018 INC Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part VI Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

WISCONSIN INSTITUTE FOR LAW & LIBERTY, INC. IS A PUBLICLY SUPPORTED

ORGANIZATION BASED ON THE FOLLOWING FACTS AND CIRCUMSTANCES:

 PERCENTAGE OF FINANCIAL SUPPORT: FOR THE CALENDAR YEAR ENDED 2018, OUR PUBLIC SUPPORT PERCENTAGE WAS 29.09%, WHICH WAS SIGNIFICANTLY OVER THE 10% THRESHOLD. IN ADDITION, THE PERCENTAGE HAS INCREASED OVER THE FIVE YEAR PERIOD. TO THE EXTENT THAT OUR CURRENT LEVEL OF PUBLIC SUPPORT IS NOT HIGHER, IT IS BECAUSE THE SUPPORT OF LARGE - AND UNRELATED - PRIVATE FOUNDATIONS HAS INCREASED AS OUR SUPPORT FROM SMALLER DONORS HAS INCREASED.

2. SOURCES OF SUPPORT: OVER THE COURSE OF OUR ORGANIZATION'S HISTORY, OUR SOURCES OF SUPPORT HAVE CONTINUED TO INCREASE. WE BEGAN WITH ONE SEED DONOR IN 2011 AND HAVE NOW GROWN OUR SUPPORT BASE TO OVER 400 DONORS THAT INCLUDE BOTH PRIVATE FOUNDATION AND INDIVIDUALS. DURING 2018, WE HIRED AN EXPERIENCED DEVELOPMENT DIRECTOR AND CONSULTANT THAT WILL ALLOW OUR FUNDRAISING TO EXPAND NATIONALLY IN ORDER TO INCREASE OUR DONOR BASE.

3. REPRESENTATIVE GOVERNING BODY: OUR BOARD OF DIRECTORS IS COMPOSED OF A DIVERSE GROUP WHO WELL REPRESENT THE PUBLIC THAT WE SERVE. THEY INCLUDE JAMES T. BARRY, III, CHAIRMAN OF THE BOARD OF DIRECTORS. HE SERVES AS THE PRESIDENT OF THE BARRY COMPANY, A COMMERCIAL REAL ESTATE FIRM IN MILWAUKEE, WISCONSIN. CHRISTOPHER WOLFE, IS PROFESSOR OF POLITICS AT THE UNIVERSITY OF DALLAS AND EMERITUS PROFESSOR OF POLITICAL SCIENCE AT MARQUETTE UNIVERSITY. MICHAEL WHITE IS THE OWNER AND CHAIRMAN OF THE BOARD OF RITE HITE HOLDING COMPANY, A WORLD LEADER IN THE MANUFACTURE AND SALE Schedule A (Form 990 or 990-EZ) 2018 832028 10-11-18

WISCONSIN	INSTITUTE	FOR	LAW	&	LIBERTY,
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Schedule A	(Form 990 or 990-EZ) 2018 INC .	45-1606079	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17	'a or 17b; Part III, line 12;	
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin	nes 1 and 2; Part IV, Section	,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P		tV,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add	ditional information.	
	(See instructions.)		

OF LOADING DOCK EQUIPMENT, INDUSTRIAL DOORS, SAFETY BARRIERS AND

HIGH-VOLUME, LOW-SPEED INDUSTRIAL FANS. RICHARD ESENBERG, FOUNDER,

PRESIDENT, AND GENERAL COUNSEL OF THE ORGANIZATION. MICHAEL GREBE, FORMER

PRESIDENT AND CHIEF EXECUTIVE OFFICER AT THE LYNDE AND HARRY BRADLEY

FOUNDATION INC. SINCE 2002, RECENTLY RETIRED IN JULY, 2016. HE WAS ADDED

TO OUR BOARD IN SEPTEMBER OF 2016.

4. AVAILABILITY OF PUBLIC SERVICE; PUBLIC PARTICIPATION IN PROGRAM OR

POLICIES: OUR MISSION IS TO PROVIDE LEGAL AND POLICY SERVICES AND EDUCATE

THE PUBLIC. WE PROVIDE ALL OF OUR SERVICES - LITIGATION, LEGAL ADVICE,

POLICY INFORMATION, AND EDUCATION - AT NO COST TO OUR CLIENTS. WE

REGULARLY PUBLISH ITEMS THAT ARE USED BY LEGISLATORS, EDUCATORS,

INSTITUTIONS AND THE GENERAL PUBLIC.

SCHEDULE C	Political Campaign and Lobbying Activit	ies	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and sect	ion 527	2018
Department of the Treasury nternal Revenue Service	 Complete if the organization is described below. Attach to Form 990 or F Go to www.irs.gov/Form990 for instructions and the latest information 		Open to Public Inspection
f the organization ansv	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political (Campaign Activ	ities), then
 Section 501(c)(3) org 	anizations: Complete Parts I-A and B. Do not complete Part I-C.		
 Section 501(c) (other 	than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete	e Part I-B.	
 Section 527 organiza 	tions: Complete Part I-A only.		
If the organization ansv	vered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying	g Activities), the	n
 Section 501(c)(3) org 	anizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A	. Do not complet	e Part II-B.
 Section 501(c)(3) org 	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Pa	rt II-B. Do not co	mplete Part II-A.
If the organization ansv	vered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or	Form 990-EZ, P	art V, line 35c (Proxy
Tax) (see separate instr	uctions), then		
	, or (6) organizations: Complete Part III.		
Name of organization	WISCONSIN INSTITUTE FOR LAW & LIBERTY,		identification number
	INC.		<u>5-1606079</u>
Part I-A Comple	ete if the organization is exempt under section 501(c) or is a section	on 527 organ	ization.
•	n of the organization's direct and indirect political campaign activities in Part IV.		
2 Political campaign a	· · · · · · · · · · · · · · · · · · ·	▶\$	
3 Volunteer hours for	political campaign activities	····· <u> </u>	
Part I-B Comple	ete if the organization is exempt under section 501(c)(3).		
1 Enter the amount of	any excise tax incurred by the organization under section 4955	▶\$	
2 Enter the amount of	any excise tax incurred by organization managers under section 4955	▶\$	

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

4a Was a correction made?

exempt function activities

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,

political action committee (PAC). If additional space is needed, provide information in Part IV.

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

(b) Address

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a

(c) EIN

(d) Amount paid from

filing organization's funds. If none, enter -0-.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities _____ ▶ \$_____

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LHA

b If "Yes," describe in Part IV.

(a) Name

Part I-C

Yes

Yes

Yes

(e) Amount of political contributions received and

promptly and directly delivered to a separate political organization. If none, enter -0-.

No

No

No

Schedule C (Form 990 or 990-EZ) 2018	INC.				45-1	L606079 Page 2
Part II-A Complete if the orga		n is exen	npt under sectior	n 501(c)(3) and file	d Form 5768 (el	ection under
section 501(h)).						
A Check if the filing organizat	tion belong	s to an affi	liated group (and list in	Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and share	e of excess	lobbying e	expenditures).			
B Check ► if the filing organizat	tion checke	ed box A ar	nd "limited control" pro	ovisions apply.		
	s on Lobb		nditures nts paid or incurred.)		(a) Filing organization's	(b) Affiliated group totals
					totals	
1a Total lobbying expenditures to influ	ience public	c opinion (g	grass roots lobbying)			
b Total lobbying expenditures to influ	ience a legi	slative bod	ly (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and	1b)				
d Other exempt purpose expenditure	s					
e Total exempt purpose expenditures	s (add lines	1c and 1d)			
f Lobbying nontaxable amount. Ente	r the amou	nt from the	following table in both	h columns.		
If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of 1	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000.000		0 plus 5% of the exce			
Over \$17,000,000	,	\$1,000,0		. , , ,		
		. , , ,				
g Grassroots nontaxable amount (ent	ter 25% of I	ine 1f)				
h Subtract line 1g from line 1a. If zero		,				
i Subtract line 1f from line 1c. If zero	,					
j If there is an amount other than zer						
reporting section 4911 tax for this y						Yes No
			eraging Period Under			
(Some organizations th					of the five columns b	elow.
	See	the separa	ate instructions for lin	nes 2a through 2f.)		
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period		_
Calendar year	(a) 2	015	(b) 2016	(c) 2017	(d) 2018	(e) Total
(or fiscal year beginning in)						
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures	. <u></u>					

Schedule C (Form 990 or 990-EZ) 2018

45-1606079 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)		(b)
	e lobbying activity.	Yes	N	0	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:			-		
а	Volunteers?		2	K _		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	_	7		
	Media advertisements?			K K		
	Mailings to members, legislators, or the public?			Σ Κ		
	Publications, or published or broadcast statements?			X		
	Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body?			X		
g b	Direct contact with legislators, their staffs, government officials, or a legislative body?			X		
	Other activities?			X		
-	Total. Add lines 1c through 1i		_	-		0.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		2	ĸ		
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	ו 501(c)(5), or	sec	tion	
	501(c)(6).					
			-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			3	tion	
Fai	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "					3 ie
	answered "Yes."	110, ON		art	ш <i>л</i> , шс	0,13
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		····			
_	expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
с				2c		
3				3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures (see instructions)			5		
Par						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, line	es 1 a	nd 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
PA	RT II-B, LINE 1, LOBBYING ACTIVITIES:					
1	AUTHORED REPORT TO INFORM LAWMAKERS ON THE EVERY ST	שאישרוד	CIIC	ירים	פחפ	
<u> </u>	AUTHORED REPORT TO INFORM LAWMAKERS ON THE EVERY ST	ODENT.	500		פעי	
ACT	F, "LEAVING MONEY ON THE TABLE: HOW WISCONSIN POLICY	MAKED		י תו	гакт	
<u></u>	, LENTRO MONET ON THE INDEE. NOW WIDCONDIN FOLICI	- 14 11/11/1		***		
FUI	LL ADVANTAGE OF THE EVERY STUDENT SUCCEEDS ACT, " USI	NG 35	ЕМТ	PD.	YEE	

HOURS.

WISCONSIN INSTITUTE FOR LAW & LIBERTY, Schedule C (Form 990 or 990-EZ) 2018 INC.

Part IV Supplemental Information (continued)

2. AUTHORED POLICY AGENDA ON HOW TO EXPAND SCHOOL CHOICE IN WISCONSIN,

"ROADMAP TO STUDENT ACHIEVEMENT," USING 220 EMPLOYEE HOURS.

3. AUTHORED STUDY ON ECONOMIC IMPACT OF UNIVERSAL SCHOOL CHOICE IN

MISSISSIPPI, "MISSISSIPPI GAME CHANGER," USING 40 EMPLOYEE HOURS.

4. AUTHORED COALITION LETTER TO US EDUCATION SECRETARY BETSY DEVOS

REQUESTING HER TO REVOKE A "DEAR COLLEAGUE" LETTER FROM THE DEPARTMENT

OF EDUCATION USING 35 EMPLOYEE HOURS.

5. PUBLIC TESTIMONY GIVEN TO THE WISCONSIN BLUE RIBBON COMMISSION ON

SCHOOL FUNDING USING 25 EMPLOYEE HOURS.

6. AUTHORED LEGAL MEMO ON A BILL'S IMPACT ON TAILGATING USING 45 EMPLOYEE HOURS.

50	HEDULE D	Supplemental Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the organization answered "Yes" on Form 990.		2018
Denert	energy of the Treesure	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.		Open to Public
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Nam	e of the organizati			rer identification number
Par	t I Organiza	INC. Ations Maintaining Donor Advised Funds or Other Similar Funds or Ac		<u>45-1606079</u>
I ai		n answered "Yes" on Form 990, Part IV, line 6.	counts.	Complete il trie
	organizatio		b) Funds a	and other accounts
1	Total number at er	nd of year	,	
2		f contributions to (during year)		
3		f grants from (during year)		
4		t end of year		
5	Did the organization	on inform all donors and donor advisors in writing that the assets held in donor advised funds	s	
	are the organization	n's property, subject to the organization's exclusive legal control?		Yes No
6	•	on inform all grantees, donors, and donor advisors in writing that grant funds can be used on	•	
		oses and not for the benefit of the donor or donor advisor, or for any other purpose conferrir	•	
Par	impermissible priv	ate benefit? ation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, I		Yes No
1		ervation easements held by the organization (check all that apply).		
•		of land for public use (e.g., recreation or education) Preservation of a historically	important	land area
		f natural habitat		
	Preservation	of open space		
2	Complete lines 2a	through 2d if the organization held a qualified conservation contribution in the form of a con	servation	easement on the last
	day of the tax year	· · · · · · · · · · · · · · · · · · ·	He	ld at the End of the Tax Year
а	Total number of co	onservation easements	2a	
b	•	ricted by conservation easements	2b	
С		vation easements on a certified historic structure included in (a)	2c	
d		vation easements included in (c) acquired after 7/25/06, and not on a historic structure		
•		al Register	2d	· · · · · · · · · · · · · · · · · · ·
3	year	vation easements modified, transferred, released, extinguished, or terminated by the organiz	ation duri	ing the tax
4	-	where property subject to conservation easement is located		
5		tion have a written policy regarding the periodic monitoring, inspection, handling of		
	0	orcement of the conservation easements it holds?		Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation		
	▶			
7	Amount of expens	es incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	ements di	uring the year
	▶\$			
8		vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i		
9		(4)(B)(ii)? be how the organization reports conservation easements in its revenue and expense stateme		Yes No
9	,	ble, the text of the footnote to the organization's financial statements that describes the organization	,	,
	conservation ease			
Par	t III Organiza	ations Maintaining Collections of Art, Historical Treasures, or Other Si	milar A	ssets.
	Complete it	the organization answered "Yes" on Form 990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance	sheet works of art,
	historical treasures	s, or other similar assets held for public exhibition, education, or research in furtherance of p	ublic serv	rice, provide, in Part XIII,
		note to its financial statements that describes these items.		
b	-	elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal		
		similar assets held for public exhibition, education, or research in furtherance of public serv	ice, provid	de the following amounts
	relating to these it		•	
		ded on Form 990, Part VIII, line 1 d in Form 990, Part X	► [⊅] _	
2	.,	ed in Form 990, Part X received or held works of art, historical treasures, or other similar assets for financial gain, p	rovide	
-		intersequired to be reported under SFAS 116 (ASC 958) relating to these items:		
а	-	on Form 990, Part VIII, line 1	▶ \$	
		Form 990, Part X	► \$	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
832051	10-29-18

WISCONSIN	INSTITUTE	FOR	LAW	&	LIBERTY
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Schedule 0 (Form seq) 2018 INC. 45-51060079 Page 24 9 Using the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Conditioned 9 Using the organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Conditioned 0 is the organization and the organization is collections and explain how they further the organization's exempt purpose in Part XII. 0 is collection if the organization is collection and explain how they further the organization's exempt purpose in Part XII. 9 Dong the varie, dot the organization solicit or acceve donalons of art, historical treasures, or other similar assets too be add to rake function and the maintained as part of the organization's collection? 9 Tartiel Estory and Outsofial Arrangementis. Complete the torganization awaverd "Yee" on Form 580, Part X, Ime 9, or reported an amount on form 590, Part X, Ime 21. too organization and and the sec outsofial or or other intermodiary for contributions or other assets not included on form 590, Part X, Ime 21. to the organization and and the sec outsofial or other intermodiary for contributions or other assets not included on form 590, Part X, Ime 21. to the organization and t	Caba	7110	IN INSTITU	LE LO	OR LAW	« LIPE	KTI,		15_16	06070) Der 2
3 Using the organization 3 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check attriat apply): a Public solubition d Loan or exchange programs b Scholarly research e Other			ollections of Ar	t Hist	orical Tre	asures o	r Other				
cleaks at that apply: cleak of that apply: a Public exhibition b Scholarly research c Provide a description of the organization solutions and explain how they further the organization's exempt purpose in Part XIII. During the year. did the organization solution or cocke donations of art, historical treasures, or other similar assets to be solution that the organization solution or power part XIII. Particle or that apply: Image: Complete if the organization solution or other similar assets to be solution or power part XIII. Ta Is the organization and control of the organization solution or other intermediary for contributions or other assets not included on form 900, Part X, Im 21. Test the organization and the orga		-								1	,
a Public exhibition d	3		on, and other record	5, CHECK		ollowing that	are a siyi	inicant us		Ollection	ILEITIS
b Scholary research e Other	а				Loan or exc	hange progra	ams				
c Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization and part of the organization answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 15 Is the organization and part of the organization answered "Yes" on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 15 Is the organization and part of the organization and part of the organization and the organization and the part of the organization the part of the organization and the part of the organization and the part of the organization the part of the organization and part of the organization the organization the part of the organization the organization and											
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is disting balance C Beginning balance Is disting balance Is dis			e	·							
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete it the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. Is the organization angement in Part XIII and complete the following table: Ic is the organization angement in Part XIII and complete the following table: Ic is the organization angement in Part XIII and complete the following table: Ic is the organization angement in Part XIII and complete the following table: Ic is the organization angement in Part XIII and complete the following table: Ic is is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ic and is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ic and is the organization angement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. If a diministrative expenses Ic is and programs Ic is and programs. Ic is angement in Part XII. Secondarity estimates entragement in Part Y is a should equal 100%. If Yes is no line 3alin, and to second is enginization should end in the are held an	_	•	alloctions and ovalai	a how th	ov furthor th	o organizatic	n'e ovom	ot ouroos	o in Dort	VIII	
to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 14 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount 1d Id Id Id Id 2a bid the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bit "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Im Im 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bit "Yes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Im Im Part V Endowment Funds, complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Im Im Part V Endowment Funds, complete if the organization answered 'Yes' on Form 990, Part X, line 21. Im Im 9 Controt scrobars									ennan	A III.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Ia Is the organization an agent. It susted, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP. Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:	5					-				Ves	
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? IVes No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Image: C	Par										
on Form 930, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. If the year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Beginning of year balance (a) Current year end balance (line 1g, column (a) held as: (b) Control wears back (c) The year balance 2 Frovid					organizatio			0111 000,	r arcrv,		
on Form 930, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. If the year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Beginning of year balance (a) Current year end balance (line 1g, column (a) held as: (b) Control wears back (c) The year balance 2 Frovid	1a			liarv for	contribution	s or other as	sets not in	cluded			
b If "Yes," explain the arrangement in Part XIII and complete the following table:										Yes	No
c Beginning balance Id d Additions during the year Id e Distributions during the year Id 2 Distributions during the year If 2 Distributions In Part V Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990. Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back 1a Deginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Deginning of year balance (b) Prior year (c) Two years back (e) Four years back 1b Control weyenditures for facilities	b										
c Beginning balance Ic id Id id				5						Amount	t
d Additions during the year 1d e Distributions during the year 1e 1 1 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b ff 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-modowmen	с	Beginning balance						1c			
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Contributions (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (a) Current year (c) Two years back (d) Three years back (e) Four years e Other expenditures for facilites (a) Current year end balance (line 1g, column (a)) held as: (a) Four years (a) Fouryears<		• •									
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If Yes; explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10. Image: Second S											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	-										
Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back 1a Beginning of year balance (b) Current year (c) Two years back (c) Three years back (c) Two years back	2a									Yes	No
Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) for other (c) for other (c) for other (c) A	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatic	n has been	provided on	Part XIII				
1a Beginning of year balance	Par	t V Endowment Funds. Complete	if the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line 10).		_	
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs Image: Control of Control			(a) Current year	(b) F	Prior year	(c) Two yea	rs back 🛛 🌔	d) Three ye	ears back	(e) Four	years back
c Net investment earnings, gains, and losses	1a	Beginning of year balance									
c Net investment earnings, gains, and losses	b	Contributions									
e Other expenditures for facilities and programs	с										
e Other expenditures for facilities and programs	d	Grants or scholarships									
f Administrative expenses	е										
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% mathematication and the procession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations iii) related organizations 4 Describe in Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings a Land b Buildings c Leasehold improvements d Equipment 41,133. 23,247. 17,886.		and programs									
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations isted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated 4 Land	f	Administrative expenses									
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Yes No 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) 3a(i) Yes No 3a(i) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings	g	End of year balance									
b Permanent endowment ▶% c Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) unrelated organizations 3a(i) (iii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organization is endowment funds. 3b Part VI Land, Buildings, and Equipment. 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated b Buildings	2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a))) held as:					
c Temporarily restricted endowment ▶	а	Board designated or quasi-endowment		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (iii) related organization answered "Yes" on Schedule R? (iii) Land, Buildings, and Equipment. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Equipment (d) E	b	Permanent endowment	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (i) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 1a Land (a) Cost or other basis (other) (b) Cost or other depreciation (c) Accumulated depreciation (d) Book value b Buildings 1a Land 1a 1a 1a Complete if the organization and the possis (investment) 1a (c) Accumulated depreciation (d) Book value (e) Cost or other (f) Cost or other (g) Cost or other (h) Cost or other	С	Temporarily restricted endowment	%								
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other (b) Cost or other (c) Accumulated (c) Acc		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
(i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 4 c Leasehold improvements 4 4 d Equipment 4 4 e Other 4 4	3a	Are there endowment funds not in the posse	ession of the organization	ation tha	it are held ar	nd administer	red for the	organiza	tion	r	
(ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings		by:									Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other u 41,133. 23,247. 17,886.		(i) unrelated organizations								3a(i)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 41,133. d Equipment 41,133. e Other 17,000										3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 depreciation 1a Land	b									3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 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 depreciation (d) Book value 1a Land	4			wment f	unds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Par					– 000		10			
basis (investment) basis (other) depreciation 1a Land											
1a Land		Description of property			• •				d	(d) Bool	k value
b Buildings		Land		nenty	Dasis		uepi	CIALIUIT			
c Leasehold improvements 41,133. 23,247. 17,886. e Other 17,000 17,000											
d Equipment 41,133. 23,247. 17,886. e Other 17,006. 17,006.											
e Other					Δ	1 1 3 3		23 24	7.	1'	7 886
						±,±))•		<u>2</u> ,24	. / •	<u> </u>	,,000.
				X colun	nn (R) line 1	0c)	1			1	7,886.

Schedule D (Form 990) 2018

WISCONSIN	INSTITUTE	FOR	LAW	&	LIBERTY,
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INC.

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See 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) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)

 (1)
 (2)

 (3)
 (3)

 (4)
 (4)

 (5)
 (5)

 (6)
 (7)

 (8)
 (8)

 (9)
 (6)

 Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

Schedule D (Form 990) 2018

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (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 IV, line 11e or 11f. See Form 990, Part X, line 25.

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

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2018 LNC .			1606079 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			1,910,930.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,910,930.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
				1 010 020
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,910,930.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expen	ses per Return	<u>, 910, 930.</u> I.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line		ses per Return	1.
5 Pa 1		12a.	ses per Returr	2,020,784.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	ses per Returr	1.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	12a.	ses per Returr	1.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12a. 2a	ses per Returr	1.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12a. 	ses per Returr	1.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	12a. 	ses per Returr	n. 2,020,784.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	12a. 2a 2b 2c 2d	ses per Return	n. <u>2,020,784</u> . 0.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	12a. 2a 2b 2c 2d	ses per Return 1 2e	n. 2,020,784.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d	ses per Return 1 2e	n. <u>2,020,784</u> . 0.
1 2 b c d 8 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	12a.	ses per Return 1 2e	n. <u>2,020,784</u> . 0.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	12a. 2a 2b 2c 2d 2d	ses per Return 1 2e	n. <u>2,020,784</u> . 0.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	12a. 2a 2b 2c 2d 4a 4b	ses per Return	n. 2,020,784. 0. 2,020,784. 0.
1 2 d c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	12a. 2a 2b 2c 2d 4a 4b	ses per Return 1 2e 3 4c	n. 2,020,784. 0. 2,020,784.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE THE ORGANIZATION TO RECOGNIZE IN THE
FINANCIAL STATEMENTS THE IMPACT OF UNCERTAIN TAX POSITIONS BASED ON
SPECIFIC GUIDANCE IN THE STANDARDS. MANAGEMENT EVALUATED THE
ORGANIZATION'S TAX POSITION AND CONCLUDED THAT NO UNCERTAIN TAX POSITIONS
EXIST AS OF DECEMBER 31, 2018 AND 2017. PENALTIES AND INTEREST ASSESSED BY
INCOME TAXING AUTHORITIES ARE INCLUDED IN MANAGEMENT AND GENERAL EXPENSES,
IF APPLICABLE. THE ORGANIZATION HAS NOT INCURRED ANY INTEREST OR PENALTIES
RELATED TO INCOME TAXES FOR THE YEARS ENDED DECEMBER 31, 2018 AND 2017.

Schedule D (Form 990) 2018 Part XIII Supplemental Infor	WISCONSIN INC.	INSTITUTE	FOR	LAW	&	LIBERTY,	45-1606079	Page 5
	mation (continued)							

SCHEDULE G	Suppleme	ntal Information Regarding	g Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047			
(Form 990 or 990-EZ)	90-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.									
	C	► Attach to Form 99					2018 Open to Public			
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for inst				on.	Inspection			
Name of the organization	WISCONS	IN INSTITUTE FOR I				Employe	r identification number			
Daut L. Funducio	INC.						06079			
Part I Fundrais required to	complete this part	Complete if the organization answ t.	/ered "Y	es" or	n Form 990, Part IV, li	ne 17. Form 99	0-EZ filers are not			
 a X Mail solicitat b X Internet and c X Phone solicit d X In-person sol 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	f Solicit g X Specia or oral agreement with any individua art VII) or entity in connection with viduals or entities (fundraisers) purs	ation of ation of al fundra al (incluc professi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?	X	Yes No to be			
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col.	by) to (or retained by)			
UNISOURCE DIRECT, I BOX 82, WATERTOWN,		FUNDRAISING MAILINGS	Yes	No X	0.	16.0	16 272			
BOX 02, WAIERIOWN,	WI 33094	FUNDRAISING MAILINGS		^	0.	16,2	-16,272.			
			_							
			_							
Total						16,2	-16,272.			
3 List all states in whi	ch the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified		,			
or licensing.										

Schedule G (Form 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018 INC -

45-1606079 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	- col. (c))
1	Gross receipts	32,245.			32,245
2	2 Less: Contributions	18,522.			18,522
3	Gross income (line 1 minus line 2)	13,723.			13,723
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	640.			640
	Food and beverages	13,202.			13,202
5 8	Entertainment	16,051.			16,051
9					2,562
10					32,455
11	I Net income summary. Subtract line 10 from III Gaming. Complete if the organization	i line 3, column (d)		>	-18,732
	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
1					
2	2 Cash prizes				
2	2 Cash prizes				
	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs				
1 2 3 4	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	%	└────────────────────────────────────	│ Yes% │ _ No	
1 2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	%		No	
1 2 3 4 5 6	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Volunteer labor 7 Direct expense summary. Add lines 2 throu		No	No ►	

b If "Yes," explain: _____

Schedule G (Form 990 or 990-EZ) 2018

WISCONSIN	INSTITUTE	FOR	LAW	&	LIBERTY,
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Sch	edule G (Form 990 or 990 EZ) 2018 INC .	45-1606079	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1 1	
a	a The organization's facility	<u>13a</u>	%
	an outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ls:	
	Name Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
	 If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party: 	ount	
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
8	Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i		🗌 No
Do	organization's own exempt activities during the tax year s Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v):		
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	and Part III, lines 9, 9	9D, 1UD,

Schedule G	a (Form 990 or 990-EZ) Supplemental Inform	WISCONSIN INC.	INSTITUTE			45-1606079 Page 4
Fartiv	Supplemental infor	nation (continued))			

SCHEDULE J		Compensation Information	ОМВ	No. 1545-00)47
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		2018		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		UIC)
Depar	tment of the Treasury	Attach to Form 990.	-	n to Pub	
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection	
Nam	e of the organization		Employer identific		mber
De		INC.	45-16060	079	
Pa	rt I Question	s Regarding Compensation			T
4.			··· [Yes	No
та		iate box(es) if the organization provided any of the following to or for a person listed on Form 99	90,		
		line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or c				
	Travel for com	Ipanions Payments for business use of personal residuation and gross-up payments IPA Payments for business use of personal residuation fees	uence		
		spending account Personal services (such as maid, chauffeur,	chef)		
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or			
D		provision of all of the expenses described above? If "No," complete Part III to explain		1b	T
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
-	-	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	—
	tractoco, and onloc			_	
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organizatio	on's		
		ector. Check all that apply. Do not check any boxes for methods used by a related organization			
		ation of the CEO/Executive Director, but explain in Part III.			
	Compensation				
	·	compensation consultant Compensation survey or study			
	·	ther organizations X Approval by the board or compensation cor	mmittee		
4	During the year, did	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a re	lated organization:			
а	Receive a severance	e payment or change-of-control payment?		4a	X
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b	X
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c	X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
		:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the r				17
				5a	X
b		ation?		5b	X
-		br 5b, describe in Part III.			
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the r	-		-	v
				6a	X X
b		ation?	······ [e	ôb	
-		or 6b, describe in Part III.			
1		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7	x
0		nes 5 and 6? If "Yes," describe in Part III		7	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		0	x
0		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8	
9		id the organization also follow the rebuttable presumption procedure described in		9	
		n 53.4958-6(c)? eduction Act Notice, see the Instructions for Form 990.			1) 2049
LHA	For Paperwork R	eduction Act Notice, see the instructions for Form 990.	Schedule J (F	-orm 990	<i>i</i> j 2018

Schedule J (Form 990) 2018

INC.

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	
(1) RICHARD M. ESENBERG	(i)	294,840.	0.	0.	27,500.	27,213.	349,553.	0.
PRESIDENT & GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARLES SZAFIR	(i)	136,519.	0.	0.	13,600.	15,551.	165,670.	0.
EXECUTIVE VP	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i) (ii)							

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45-1606079

WISCONSIN	INSTITUTE	FOR	LAW	&	LIBERTY,
INC.					

Schedule J (Form 990) 2018

Part III Supplemental Information

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.

Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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

on WISCONSIN INSTITUTE FOR LAW & LIBERTY, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LIBERTY, AND A ROBUST CIVIL SOCIETY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

OTHER AREAS INCLUDE:

OPEN RECORDS REQUESTS:

WE HAVE ASSISTED MANY INDIVIDUALS AND ORGANIZATIONS WITH OPEN RECORDS

REQUESTS. SUCH ASSISTANCE INCLUDES HELP DRAFTING REQUESTS, WRITING

THREATENING LETTERS TO RECALCITRANT GOVERNMENT ENTITIES, AND PROVIDING

ADVICE FOR WHAT DOCUMENTS TO REQUEST AND HOW TO REQUEST THEM. DEPUTY

COUNSEL THOMAS KAMENICK BECAME A MEMBER OF THE WISCONSIN FREEDOM OF

INFORMATION COUNCIL, AND PARTICIPATED IN THE COUNCIL'S SUNSHINE WEEK

PANEL EVENT FOR THE MILWAUKEE PRESS CLUB.

OCCUPATIONAL LICENSING:

LIKE MANY OTHER STATES, WISCONSIN HAS SEVERELY RESTRICTED THE RIGHTS OF PERSONS TO ENTER CERTAIN TYPES OF PROFESSIONS AND START CERTAIN TYPES OF BUSINESSES. IN A SOCIETY CONCERNED WITH INCOME INEQUALITY, THIS IS A SIGNIFICANT BARRIER TO OPPORTUNITY. WE ARE WORKING WITH LIKE-MINDED GROUPS TO EXPLORE LEGAL AND POLICY APPROACHES TO THESE RESTRICTIONS. WE AUTHORED "FENCING OUT OPPORTUNITY" IN NOVEMBER 2016. THE STUDY EXPLORED THE COSTS OF OCCUPATIONAL LICENSING IN WISCONSIN AND HOW IT HAS GROWN IN THE LAST 20 YEARS.

SOCIAL MEDIA:

WE HAVE EXPANDED OUR SOCIAL MEDIA REACH WITH A GROWING TWITTER

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FOLLOWING AND A YOUTUBE CHANNEL. WE CONTINUE TO MAKE USE O	
WEBSITE'S BLOG AND OUR FACEBOOK PAGE. OUR ATTORNEYS HAVE B	
VARIOUS TOPICS, INCLUDING OPEN RECORDS, SCHOOL CHOICE, EMI	NENT DOMAIN,
EDUCATION POLICY, AND ECONOMIC LIBERTY. WE HAVE ADDED LINK	S TO THOSE
POSTS ON OUR FACEBOOK AND TWITTER ACCOUNTS, AS WELL AS USI	NG THEM TO
SHARE POSTS FROM LIKE-MINDED INSTITUTIONS SUCH AS RIGHT WI	SCONSIN, THE
GOLDWATER INSTITUTE AND THE INSTITUTE FOR JUSTICE.	

MEDIA & LEGISLATIVE APPEARANCES:

MOST OF OUR ATTORNEYS, AND ESPECIALLY SO FOR OUR GENERAL COUNSEL,

RICHARD ESENBERG, HAVE MADE MEDIA APPEARANCES TO DISCUSS TOPICS AS

BROAD RANGING AS OUR LAWSUITS, RIGHT TO WORK, ACT 10, AND PROPOSED

LOCAL ORDINANCES. THOSE APPEARANCES HAVE RANGED FROM LOCAL RADIO

STATIONS AND NEWSPAPER ARTICLES TO STATEWIDE AND EVEN NATIONWIDE

PROGRAMS. WE ARE FEATURED IN, AND CONTRIBUTE TO, OUTLETS SUCH AS THE

WALL STREET JOURNAL, WASHINGTON POST, USA TODAY, US NEWS AND WORLD

REPORT, PBS NEWS HOUR, WASHINGTON EXAMINER AND NATIONAL REVIEW ONLINE.

STATE BOARD APPOINTMENTS:

THREE OF OUR ATTORNEYS HAVE BEEN APPOINTED BY GOVERNOR SCOTT WALKER TO SERVE ON STATE BOARDS. CHARLES SZAFIR WAS APPOINTED TO THE WISCONSIN COUNCIL ON MENTAL HEALTH, WHICH ADVISES THE GOVERNOR, THE LEGISLATURE AND THE DEPARTMENT OF HEALTH SERVICES ON THE ALLOCATION OF MENTAL HEALTH BLOCK GRANT FUNDS. THOMAS KAMENICK WAS APPOINTED TO SERVE ON THE WISCONSIN COUNCIL ON LIBRARY AND NETWORK DEVELOPMENT, WHICH ADVISES THE SUPERINTENDENT, THE GOVERNOR, AND THE LEGISLATURE ON ISSUES RELATED TO THE 3,600+ LIBRARIES ACROSS THE STATE. BRIAN MCGRATH, SENIOR COUNSEL, SERVES ON THE WISCONSIN REAL ESTATE EXAMINING BOARD, AND WAS APPOINTED

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TO THE NEW BERLIN TOURISM COMMISSION.

MARQUETTE INTERNSHIPS, VOLUNTEER OPPORTUNITIES:

WE HAVE BEEN APPROVED TO BE PART OF MARQUETTE LAW SCHOOL'S INTERNSHIP

PROGRAM, WHEREBY STUDENTS EARN CREDITS FOR WORKING AS INTERNS IN

NONPROFIT ORGANIZATIONS AND GOVERNMENT AGENCIES. WE ALSO HAVE

ATTORNEYS, LAW STUDENTS, AND UNDERGRADUATE STUDENTS VOLUNTEER THEIR

TIME TO HELP ON VARIOUS PROJECTS.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE VP FOR ADMINISTRATION AND BOARD PRESIDENT PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS AND KEY PERSONNEL COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS. DISCLOSURE OF POSSIBLE CONFLICTS OF INTEREST ARE REVIEWED BY THE ENTIRE BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF THE PRESIDENT AND KEY PERSONNEL IS REVIEWED ANNUALLY BY THE

BOARD. COMPARATIVE DATA IS USED TO REVIEW COMPENSATION LEVELS FOR ALL

STAFF.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

INDEPENDENT CONTRACTORS: PROGRAM SERVICE EXPENSES 205,775. MANAGEMENT AND GENERAL EXPENSES 4,397. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 210,172.	Schedule O (Form 990 or 990-EZ) (2018) Name of the organization WISCONSIN INSTITUTE FOR LAW & LIBERTY, INC.	Page 2 Employer identification number 45-1606079
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FUNDRAISING EXPENSES0.TOTAL EXPENSES210,172.	PROGRAM SERVICE EXPENSES	205,775.
TOTAL EXPENSES 210,172.	MANAGEMENT AND GENERAL EXPENSES	4,397.
	FUNDRAISING EXPENSES	0.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 210,172.	TOTAL EXPENSES	210,172.
	TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	210,172.