REILLY, PENNER & BENTON LLP 1233 NORTH MAYFAIR RD, SUITE 302 MILWAUKEE, WI 53226-3255

WISCONSIN INSTITUTE FOR LAW & LIBERTY 330 E. KILBOURN, 725 MILWAUKEE, WI 53202

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CLIENT'S COPY

REILLY, PENNER & BENTON LLP 1233 NORTH MAYFAIR ROAD, SUITE 302 MILWAUKEE, WISCONSIN 53226-3255 414-271-7800

> CLIENT: 7621.01 APRIL 12, 2023

WISCONSIN INSTITUTE FOR LAW & LIBERTY 330 E. KILBOURN, 725 MILWAUKEE, WI 53202

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2022 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT SCHEDULE B, SCHEDULE OF CONTRIBUTORS SCHEDULE C, POLITICAL CAMPAIGN/LOBBYING ACTIVITY SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT SCHEDULE J, COMPENSATION INFORMATION SCHEDULE O, SUPPLEMENTAL INFORMATION FORM 8879-TE, E-FILE SIGNATURE AUTHORIZATION

TAX PREPARATION FEE

REILLY, PENNER & BENTON LLP 1233 NORTH MAYFAIR ROAD, SUITE 302 MILWAUKEE, WISCONSIN 53226-3255 414-271-7800

APRIL 10, 2023

WISCONSIN INSTITUTE FOR LAW & LIBERTY 330 E. KILBOURN 725 MILWAUKEE, WI 53202

WISCONSIN INSTITUTE FOR LAW & LIBERTY:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2022 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

REILLY, PENNER & BENTON LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2022

Prepared for	
	WISCONSIN INSTITUTE FOR LAW & LIBERTY 330 E. KILBOURN 725 MILWAUKEE, WI 53202
Prepared by	REILLY, PENNER & BENTON LLP 1233 NORTH MAYFAIR RD, SUITE 302 MILWAUKEE, WI 53226-3255
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY MAY 15, 2023.

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FEDERAL INFORMATIONAL FORMS

REILLY, PENNER & BENTON LLP 1233 NORTH MAYFAIR ROAD, SUITE 302 MILWAUKEE, WISCONSIN 53226-3255 414-271-7800

> CLIENT: 7621.01 APRIL 12, 2023

WISCONSIN INSTITUTE FOR LAW & LIBERTY 330 E. KILBOURN, 725 MILWAUKEE, WI 53202

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2022 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT SCHEDULE B, SCHEDULE OF CONTRIBUTORS SCHEDULE C, POLITICAL CAMPAIGN/LOBBYING ACTIVITY SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT SCHEDULE G, SUPPL INFO FUNDRAISING/GAMING ACT SCHEDULE J, COMPENSATION INFORMATION SCHEDULE O, SUPPLEMENTAL INFORMATION FORM 8879-TE, E-FILE SIGNATURE AUTHORIZATION

TAX PREPARATION FEE

IRS e-file Signature Authorization for a Tax Exempt Entity			OMB No. 1545-0047		
Form 8879-TE	For calendar year 2022, or fiscal year beginning, 2022, and ending			20	0000
	For calendar year 202	,, Do not send to the IRS. Keep		, 20	2022
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879TE for			
Name of filer				EIN or SSN	
WISCON	ISIN INSTI	TUTE FOR LAW & LIBE	RTY	**-***(5079
Name and title of officer or pe	erson subject to tax	STACY STUECK			
		TREASURER			
Part I Type of	Return and Re	eturn Information			
Form 5330 filers may enter or 10a below, and the am	er dollars and cents ount on that line fo	re using this Form 8879-TE and enter . For all other forms, enter whole dolla r the return being filed with this form v 0-). But, if you entered -0- on the retur	rs only. If you check the box of vas blank, then leave line 1b, 2	n line 1a, 2a, 3a, b, 3b, 4b, 5b, 6b,	4a, 5a, 6a, 7a, 8a, 9a, 7b, 8b, 9b, or 10b,
1a Form 990 check	here X	b Total revenue, if any (Form 990	, Part VIII, column (A), line 12)	1b	4,665,104.
2a Form 990-EZ che	eck here	b Total revenue, if any (Form 990			
3a Form 1120-POL	check here	b Total tax (Form 1120-POL, line :			
4a Form 990-PF che	eck here 📖 📃	b Tax based on investment inco	me (Form 990-PF, Part V, line 5		
5a Form 8868 check	khere	b Balance due (Form 8868, line 3	c)	5b	
6a Form 990-T chec	k here	b Total tax (Form 990-T, Part III, li	ne 4)	6b	
7a Form 4720 check		b Total tax (Form 4720, Part III, lir	ne 1)	7b	
8a Form 5227 check		b FMV of assets at end of tax ye	ar (Form 5227, Item D)	8b	
9a Form 5330 check		b Tax due (Form 5330, Part II, line		9b	
10a Form 8038-CP c		b Amount of credit payment req			0
		ture Authorization of Officer			
Under penalties of perjury of entity)	, I declare that $\lfloor \mathbf{X} \rfloor$	I am an officer of the above entity of	r L I am a person subject to (EIN) ar		
entry to the financial insti- financial institution to deb later than 2 business day payment of taxes to recei	tution account indic of the entry to this a s prior to the payment ve confidential info	S. Treasury and its designated Finance ated in the tax preparation software f account. To revoke a payment, I must ent (settlement) date. I also authorize rmation necessary to answer inquiries gnature for the electronic return and,	or payment of the federal taxes contact the U.S. Treasury Fina the financial institutions involve and resolve issues related to t	s owed on this ref ancial Agent at 1-8 ed in the processi the payment. I ha	turn, and the 388-353-4537 no ng of the electronic ve selected a
PIN: check one box only				-	
X I authorize RE	EILLY, PEN	NER & BENTON LLP		to enter my PIN	49777
		ERO firm name			inter five numbers, but do not enter all zeros
with a state age on the return's As an officer or return. If I have	ency(ies) regulating disclosure consent person subject to t indicated within thi	22 electronically filed return. If I have charities as part of the IRS Fed/State screen. ax with respect to the entity, I will ent s return that a copy of the return is be my PIN on the return's disclosure co	program, I also authorize the a er my PIN as my signature on t sing filed with a state agency(ie	aforementioned E the tax year 2022	RO to enter my PIN electronically filed
Signature of officer or person subj	ect to tax ation and Auth	entication		Date	
ERO's EFIN/PIN. Enter y					
number (EFIN) followed b	-	-	3982320148 Do not enter all zero		
		IN, which is my signature on the 2022 e requirements of Pub. 4163, Modernia			
ERO's signature			Date		
		ERO Must Retain This Form		. 0	
	Do Not S	ubmit This Form to the IRS L	Unless Requested To D	0 50	0070 TE (0000)

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FILEABLE FORMS

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



Department of the Treasury Internal Revenue Service

Т

Α	For th	e 2022 calendar year, or tax year beginning and e	ending	_	
Ba	Check if applicab	e: C Name of organization		D Employer identifie	cation number
	Addre	WISCONSIN INSTITUTE FOR LAW & LIBERTY			
	Name	pe Doing business as		**-***60	79
	Initial return	Number and street (or P.U. box if mail is not delivered to street address)		E Telephone number	
	Final	N Contraction of the second	725	414-727-	
	termir ated Amen	City or town, state or province, country, and $\angle IP$ or foreign postal code		G Gross receipts \$	4,748,768.
	return	MILWAOKEE, WI 55202		H(a) Is this a group re	
	tion pendi	Finame and address of principal officer. DIACI DIOLER	E 2 2 0	for subordinates	
	-	ng 330 E. KILBOURN NO. 725, MILWAUKEE, WI empt status: X 501(c)(3) 501(c)(()) (insert no.) 4947(a)(1) o		H(b) Are all subordinates in	
-	Nebsi		or 527	1 '	list. See instructions
		f organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	State of legal domicile: WI
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: THE C	ORGANI	ZATION SHAL	L ADVANCE
Governance	·	THE RULE OF LAW, FREE MARKETS AND A $\overline{\text{ROBUS}}$	ST CIV	IC CULTURE	THROUGH
rna	2	Check this box if the organization discontinued its operations or dispos			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	5
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	4
es 2	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	26
Activities &		otal number of volunteers (estimate if necessary)			6
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
an	8	Contributions and grants (Part VIII, line 1h)		4,312,035.	4,496,396.
Revenue	9	Program service revenue (Part VIII, line 2g)		39,999. 1,385.	201,000. 3,663.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-42,243.	-35,955.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,311,176.	4,665,104.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>4,511,170</u>	4,005,104.
	13 14	Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6				2,394,455.	2,791,845.
Ise	162	Professional fundraising fees (Part IX column (Δ) line 11e)	·····	55,681.	23,912.
Expenses	.0a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	23.		
Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		669,001.	601,463.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,119,137.	3,417,220.
	19	Revenue less expenses. Subtract line 18 from line 12		1,192,039.	1,247,884.
or		·		ginning of Current Year	End of Year
t Assets	20	Total assets (Part X, line 16)		4,624,430.	6,156,366.
t As	21	Total liabilities (Part X, line 26)		0.	284,052.
Fund	22	Net assets or fund balances. Subtract line 21 from line 20		4,624,430.	5,872,314.
Pa	art 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
-	STACY STUECK, TREASURER			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	JOEL JOYCE			if self-employed P01001488
Preparer	Firm's name REILLY , PENNER &			Firm's EIN **-**7409
Use Only	Firm's address 1233 NORTH MAYFAI	R RD, SUITE 302		
	MILWAUKEE, WI 532	26-3255		Phone no. (414) 271-7800
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
232001 12-	13-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) WISCONSIN INSTITUTE FOR LAW & LIBERTY **-**6079 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 SHALL ADVANCE THE RULE OF LAW, FREE MARKETS AND A
	ROBUST CIVIC CULTURE THROUGH LITIGATION, RESEARCH, PUBLIC EDUCATION,
	AND THE PROVISION OF LEGAL COUNSEL TO LIKE MINDED INDIVIDUALS AND ORGANIZATIONS.
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? Yes X No
	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 \$ 1,513,276 · including grants of \$) (Revenue \$)
14	LITIGATION: 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. OTHER AREAS INCLUDE
	OPEN RECORDS REQUESTS. WE HAVE ASSISTED MANY INDIVIDUALS AND
	ORGANIZATIONS WITH OPEN RECORDS REQUESTS. SUCH ASSISTANCE INCLUDES HELP DRAFTING REQUESTS, AND WRITING THREATENING LETTERS TO RECALCITRANT
41	
4b	(Code:) (Expenses \$1,278,042. including grants of \$) (Revenue \$) POLICY & EDUCATION INTITIATIVE: 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.
4-	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
<u> </u>	
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2,791,318.
<u>4e</u>	Total program service expenses 2,791,318. Form 990 (2022)
232002	SEE SCHEDULE O FOR CONTINUATION(S)

Earm	000	(2022)
⊢orm	990	(2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	4	x	
2	If "Yes," complete Schedule A	1 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		x
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
Ŭ	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?			
	If "Yes," complete Schedule D, Part IV			X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		- 23
, N	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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	45		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
	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,		v	
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17	Х	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 23	
15	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2022)	WISCONSIN	INSTITUT
Part IV	Checklis	st of Required Schedu	lles (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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		x
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	054		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200		
•	"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		Х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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 on Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	

022)	WISCONSIN	INSTITUTE	FOR	LAW	&	LIBERTY
Statements F	Regarding Other	IRS Filings and	d Tax (Compl	ian	ce (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	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	rns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O					
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			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 A	ccou	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b						
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 th					
	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 contribut					
	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 set			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 w		•			
	to file Form 8282?		1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f 7g		X
g						
h	5					
8						
•	sponsoring organization have excess business holdings at any time during the year?					
9 Sponsoring organizations maintaining donor advised funds.						
	 a Did the sponsoring organization make any taxable distributions under section 4966? b Did the appropriate organization make a distribution to a dense adviser, or related percent? 					
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	- 14				
~	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		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	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				
с	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eratio	n or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmer	nt inco	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2022)

Part V

Form 990	(2022)
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WISCONSIN INSTITUTE FOR LAW & LIBERTY

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	A X	
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	x	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	Λ	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?			
17	List the states with which a copy of this Form 990 is required to be filed WI, AL, AR, CA, FL, GA, HI, IL, KS	. KY	MD	MA
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3			
10	for public inspection. Indicate how you made these available. Check all that apply.	,3 Only	, avalle	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
13	statements available to the public during the tax year.		ioiai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RICHARD ESSENBERG - 414-727-6369			
	330 E. KILBOURN NO. 725, MILWAUKEE, WI 53202			
232006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	1 990	(2022)

Part VII	Co	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.
 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an		recio	n/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	idual	nstitutional trustee	ь	Key employee	Highest compensated employee	ler	,		organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) RICHARD M ESENBERG	40.00									
PRESIDENT & GENERAL COUNSE		Х		Х				408,624.	0.	32,424.
(2) ANTHONY LOCOCO	40.00									
DEPUTY COUNSEL					Х			150,972.	0.	36,585.
(3) LUKE BERG	40.00									
DEPUTY COUNSEL						Х		145,086.	0.	41,387.
(4) DAN LENNINGTON	40.00									
DEPUTY COUNSEL						Х		142,094.	0.	44,259.
(5) LUCAS VEBBER	40.00									
DEPUTY COUNSEL						Х		141,191.	0.	40,992.
(6) ELISABETH SOBIC	40.00								_	
DIRECTOR OF EDUCATION POLI					Х			154,502.	0.	16,171.
(7) KYLE KOENEN	40.00									
DIRECTOR OF POLICY						Х		111,467.	0.	27,180.
(8) LESLIE LUEHRS	40.00									~ ~ ~ ~ ~
DEVELOPMENT DIRECTOR						Х		107,884.	0.	30,456.
(9) STACY A STUECK	40.00									
TREASURER & DIRECTOR OF AD	1 00			Х				108,587.	0.	29,698.
(10) JAMES T BARRY III	1.00									•
CHAIRMAN	1 00	X						0.	0.	0.
(11) MICHAEL GREBE	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(12) CHRISTOPHER WOLFE	1.00							0	0	0
DIRECTOR	1 0 0	X						0.	0.	0.
(13) MICHAEL H WHITE	1.00							0	0	0
DIRECTOR		X						0.	0.	0.
		<u> </u>								
		-								
										- 000 (2000)

Form 990 (2022)

		I INSTIT	נטי	ΓE	FC	DR	LZ	٩W	& LIBERTY	**_**	607	9 р	age 8
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week		ss pe	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	0	mpensa from th rganiza Ind rela ganizat	e tion ted
с	Subtotal Total from continuation sheets to Part VI	, Section A							1,470,407. 0. 1,470,407.	C	•	99,1 99,1	0.
<u>a</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization										. 2	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>9</u>
3	Did the organization list any former officer,	director, truste	e, k	key e	emp	loye	e, or	hig	hest compensated emp	bloyee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for se For any individual listed on line 1a, is the su	m of reportabl	e co	ompe	ensa	atior	n and	d otl			. 3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	ccrue comper	nsati	ion f	rom	any	/ unr	elat	ed organization or indiv			X	v
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	JT	or sl	lcn	pers	son .				. 5		X
1	Complete this table for your five highest con the organization. Report compensation for t										ensatio	n from	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services		(C) Densatio	'n
								+					
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lir	mite	d to		se lis 0	sted	l above) who received n	nore than			

Form	n 990 ((2022) WIS	CONSIN I	NS	FITUTE F	OR LAW & L	IBERTY	**-***6	079 Page 9
Pa	rt VII	I Statement of Re	venue						
		Check if Schedule O	contains a respo	nse c	or note to any li				
						(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
Amo M		Fundraising events			62,298.				
ar /		Related organizations							
s, O		Government grants (contr							
r Si		All other contributions, gifts,							
ibut		similar amounts not included	above 1f	4,4	434,098.				
d Of	g	Noncash contributions included in	lines 1a-1f 1g \$;					
a Ö	h	Total. Add lines 1a-1f		<u></u>		4,496,396.			
				Ļ	Business Code				
ice	2 a								
ue	b			—					
u S ven	C			—					
Program Service Revenue	d			—					
Pro	e			—	541100	201,000.	201,000.		
	f	All other program service Total. Add lines 2a-2f		···· L		201,000.			
	3	Investment income (includ							
	Ū					4,418.			4,418.
	4	Income from investment of	of tax-exempt bo	nd pr	oceeds				
	5	Royalties							
			(i) Real		(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses \dots	6b						
	С	()	6c						
		Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Securiti	ies	(ii) Other	-			
		assets other than inventory	7a			4			
Ð	b	Less: cost or other basis and sales expenses	74		755.				
evenue	~	Gain or (loss)	7b 7c		-755.	-			
Bev		Net gain or (loss)				-755.			-755.
Other Re		Gross income from fundraisir							
ŧ	•		2,298. of						
		contributions reported on							
		Part IV, line 18		8a	46,954.				
	b	Less: direct expenses		8b	82,909.				
		Net income or (loss) from				-35,955.			-35,955.
	9 a	Gross income from gamin							
	_	Part IV, line 19		9a		-			
		Less: direct expenses		9b					
		Net income or (loss) from Gross sales of inventory, I		s					
	10 a	and allowances		10a					
	b	Less: cost of goods sold		10b					
		Net income or (loss) from							
s		() ··· •••••			Business Code				
e sou:	11 a			_ [
lan€	b								
Miscellaneous Revenue	с			_ [
Mis		All other revenue							
		Total. Add lines 11a-11d					201 202		20.000
	12	Total revenue. See instruction	ons			µ4,000,⊥U4.	201,000.	U•1	-32,292.

WISCONSIN INSTITUTE FOR LAW & LIBERTY

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	rants and other assistance to domestic organizations		expenses	general expenses	expenses
	nd domestic governments. See Part IV, line 21				
	rants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	rants and other assistance to foreign				
	rganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	ustees, and key employees	937,563.	787,554.	84,380.	65,629
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	ther salaries and wages	1,373,096.	1,153,401.	123,578.	96,117
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	122,804.	103,156.	11,052.	8,596
	ther employee benefits	200,413.	168,347.	18,037.	14,029
	ayroll taxes	157,969.	132,694.	14,217.	11,058
	ees for services (nonemployees):	-	-		
	lanagement				
	egal	8,015.	6,252.	561.	1,202
	ccounting	9,911.	7,730.	694.	1,487
	obbying				
	rofessional fundraising services. See Part IV, line 17	23,912.			23,912
f In	vestment management fees				
	ther. (If line 11g amount exceeds 10% of line 25,				
- CC	blumn (A), amount, list line 11g expenses on Sch 0.)	207,711.	152,956.	25,316.	29,439
12 A	dvertising and promotion				
13 0	ffice expenses	26,353.	13,172.	3,077.	10,104
	formation technology	10,064.	6,713.		3,351
	oyalties				
	ccupancy	163,560.	137,391.	14,720.	11,449
	ravel	3,951.	2,765.	593.	593
	ayments of travel or entertainment expenses				
fo	or any federal, state, or local public officials				
1 9 C	onferences, conventions, and meetings	41,503.	37,353.	2,075.	2,075
20 In	iterest				
21 Pa	ayments to affiliates				
22 D	epreciation, depletion, and amortization	26,754.	18,728.	5,351.	2,675
3 In	Isurance	6,502.	5,462.	585.	455
	ther expenses. Itemize expenses not covered				
	bove. (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A),				
ar	nount, list line 24e expenses on Schedule O.)				
	BOOKS, SUBSCRIPTIONS, R	20,648.	20,648.		
	ASE COSTS	18,751.	18,751.		
	PUBLIC EDUCATION AND OU	11,024.	5,512.		5,512
d M	IEMBERSHIP DUES	10,534.	6,241.	4,293.	
	Il other expenses	36,182.	6,492.	29,150.	540
25 To	otal functional expenses. Add lines 1 through 24e	3,417,220.	2,791,318.	337,679.	288,223
26 Jo	pint costs. Complete this line only if the organization				
re	ported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
CI	heck here if following SOP 98-2 (ASC 958-720)				

WISCONSIN	INSTITUTE	FOR	LAW	&	LIBERTY
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Form			LIBERTY	**_	***6079 Page 11
Par	τλ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		 I	
			(A) Beginning of year		(B) End of year
<u> </u>		Cook you interest beaution			
	1	Cash - non-interest-bearing	4,212,786.	1 2	4,794,702.
	2	Savings and temporary cash investments	296,951.		990,347.
	3 ⊿	Pledges and grants receivable, net	3,000.		0.
	4	Accounts receivable, net	5,000.	4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		E	
	6	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		6	
	7	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6 7	
Assets	7	Notes and loans receivable, net		8	
As	8 9	Inventories for sale or use Prepaid expenses and deferred charges	7,631.	9	7,333.
		Land, buildings, and equipment: cost or other	7,0510	9	1,555.
	104	basis. Complete Part VI of Schedule D 10a 170 , 870			
	h	Less: accumulated depreciation		10c	71,854.
	11	Investments - publicly traded securities	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11	, 1,0010
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	12,500.		292,130.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,624,430.	16	6,156,366.
	17	Accounts payable and accrued expenses		17	149.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	283,903.
	26	Total liabilities. Add lines 17 through 25	0.	26	284,052.
ø		Organizations that follow FASB ASC 958, check here			
ğ		and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	3,746,805.	27	4,297,570.
Å Å	28	Net assets with donor restrictions	877,625.	28	1,574,744.
ň		Organizations that do not follow FASB ASC 958, check here			
۳		and complete lines 29 through 33.			
ets (29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž	32	Total net assets or fund balances	4,624,430.	32	5,872,314.
	33	Total liabilities and net assets/fund balances	4,624,430.	33	6,156,366. Form 990 (2022)

Form **990** (2022)

Form 99	90 (2022) WISCONSIN INSTITUTE FOR LAW & LIBERTY	**_**	*6079	Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 Te	otal revenue (must equal Part VIII, column (A), line 12)	1	4,66		
	otal expenses (must equal Part IX, column (A), line 25)	2	3,41		
3 R	evenue less expenses. Subtract line 2 from line 1	3	1,24		
4 N	let assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,62	4,4	30.
5 N	let unrealized gains (losses) on investments	5			
	onated services and use of facilities	6			
	nvestment expenses	7			
	rior period adjustments	8			
9 O	ther changes in net assets or fund balances (explain on Schedule O)	9			0.
10 N	let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
C	olumn (B))	10	5,87	2,3	14.
	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1 A	ccounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🔲 Other				
lf	the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a W	Vere the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
lf	"Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
S	eparate basis, consolidated basis, or both:				
[Separate basis Consolidated basis Both consolidated and separate basis				
bΝ	Vere the organization's financial statements audited by an independent accountant?		2b	Х	
lf	"Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
C	onsolidated basis, or both:				
l	X Separate basis Consolidated basis Both consolidated and separate basis				
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
re	eview, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
lf	the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a A	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
U	niform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b If	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
0	r audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

SCHEDULE A	١
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Department of the Treasury

Internal Revenue Service

(Form 990)

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. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization	
	T .TT O O

Employer	identification	number

				ITUTE FOR LA					*-***6079
Pa	art I	Reason for Public	Charity Status.	(All organizations must c	omplete ti	nis part.) S	See instruction	IS.	
The	organ	ization is not a private found	dation because it is: ((For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative)(b)(1)(A)(i	ii).		
4		A medical research organiz					-)(iii). Enter	the hospital's name.
		city, and state:		· · J - · · · - · · · · · · · · · · · ·				K/ :	
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmentalı	init descrit	ped in
Ŭ		section 170(b)(1)(A)(iv). (C			a or opera	lou of u g	ovonnontar		
6		A federal, state, or local go		mental unit described in	section 17	70(6)(1)(4)	(v)		
7	X	An organization that norma	-					ho gonoral	public described in
'		section 170(b)(1)(A)(vi). (C		andar part of its support	ion a gov	erninenta		ne general	public described in
8				(1)(A)(vi) (Complete Der	+ 11 \				
9	H	A community trust describe				od in ooniu	upotion with a	land grant	collogo
9		An agricultural research org	-			-		-	-
		or university or a non-land-o	grant college of agric	culture (see instructions).	. Enter the	name, cit	y, and state o	The colleg	le or
40		university:		the are 0.0 1 /00/ of the area		+ - !! + ! -			- d
10		An organization that norma							
		activities related to its exen							
		income and unrelated busin		e (less section 511 tax) fr	om busine	sses acqu	lired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Con	. ,						
11	\square	An organization organized	-	•	•				
12		An organization organized a	•	•	•			•	• •
		more publicly supported or	•						check the box on
		lines 12a through 12d that				-		-	
a		Type I. A supporting orga	-	-	•	-			
		the supported organization		• • • •	a majority	of the dire	ctors or truste	es of the s	supporting
		organization. You must o	-						
k		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	ige the sup	ported
		organization(s). You mus							
c		☐ Type III functionally inte						lly integrate	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
c		☐ Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection \	with its suppo	rted organi	zation(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	tions). You must cor	nplete Part IV, Sections	s A and D,	and Part	V .		
e		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.			
1	Ente	er the number of supported of	organizations						
<u></u>	,	vide the following information	· · · ·		(iv) Is the orga	nization listed			
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10		nization listed ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			
Tot	al								

Schedule A (Form 990) 2022 WISCONSIN INSTITUTE FOR LAW & LIBERTY **-***6079 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,841,926.	2,239,536.	2,833,691.	4,312,035.	4,496,396.	15,723,584.
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						
4	Total. Add lines 1 through 3	1,841,926.	2,239,536.	2,833,691.	4,312,035.	4,496,396.	15,723,584.
	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)						7,872,503.
6							7,851,081.
	Public support. Subtract line 5 from line 4.						7,051,001.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1,841,926.	2,239,536.	2,833,691.	4,312,035.	4,496,396.	15,723,584.
		1,011,520.	2,200,000.	2,000,001.	1,012,000.	1,150,550.	10,720,001.
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	16,506.	25,180.	17,008.	1,385.	1 110	64,497.
_	and income from similar sources	10,500.	25,100.	17,000.	1,305.	4,418.	04,497.
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						15,788,081.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	291,691.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	501(c)(3)	
	organization, check this box and stop						
-	ction C. Computation of Publ						
	Public support percentage for 2022 (14	49.73 %
	Public support percentage from 2021					15	46.24 %
16 a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not cl	neck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
	J		,	,			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 WISCONSIN INSTITUTE FOR LAW & LIBERTY **-**6079 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
U	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						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
k	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						
c	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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
	check this box and stop here	<u></u>					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (ine 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	22 (line 10c, colur	mn (f), divided by l	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2022. If the						line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
_							

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes

No

Schedule A (Form 990) 2022 WISCONSIN INSTITUTE FOR LAW & LIBERTY **-**6079 Page 5

				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
с	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	ction E	3. Type I Supporting Organizations			
				Yes	No

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 officers, directors, or trustees were allocated among the	
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	L

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.

Section C.	Type II Supporting Organizations	

 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).
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			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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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		

Section 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 yea(see instructions).
- a 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.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described on line 2a, above, 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

1

2

WISCONSIN INSTITUTE FOR LAW & LIBERTY Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyir All other Type III non-functionally integrated supporting organizations mus			Part VI). See instructions.
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	ion 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):			
а	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 0.015 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 0.035.	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 0.85 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		

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

Schedule A (Form 990) 2022

-*6079 Page 7 Schedule A (Form 990) 2022 WISCONSIN INSTITUTE FOR LAW & LIBERTY Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) WISCONSIN INSTITUTE FOR LAW & LIBERTY

Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported					
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	3					
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022		
_1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	a From 2017						
b	From 2018						
C	c From 2019						
d	d From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2018						
b	Excess from 2019						
с	Excess from 2020						
- A	Evenes from 2021						

d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	WISCONSIN	INSTITUTE	FOR LAW &	LIBERTY	**-***6079 Page8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV,	, 6, 9a, 9b, 9c, 11a, Section E, lines 1c	11b, and 11c; Part , 2a, 2b, 3a, and 3b;	V, Section B, lines 1 Part V, line 1; Part V	[·] 17b; Part III, line 12; l and 2; Part IV, Section C, /, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section	n E, lines 2, 5, and 6	6. Also complete this	part for any additio	nal information.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

T 7 T.T

OMB No. 1545-0047

2022

Employer identification number

-*6079

	MISCONSIN	TNSITIOIE	FOR	LAW	œ	LIDERII	
Organization type (che	eck one):						

WTCONICINI INCOMINT

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

SCHEDULE C	Po	olitical Campaign a	nd Lobbyin	g Activities	;	C	OMB No. 15	45-0047
(Form 990)	rm 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527							22
Department of the Treasury Internal Revenue Service								
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lin	ne 46 (Political Carr	npaign A	ctivitie	es), then	
	-	plete Parts I-A and B. Do not com	•					
		01(c)(3)) organizations: Complete F	Parts I-A and C below.	. Do not complete P	art I-B.			
Section 527 organiz		,	m 000 EZ Dout VI liv	na 47 (Labbying As	+i, .i+i = =)	then		
-		1 Form 990, Part IV, line 4, or For have filed Form 5768 (election unc			-		Part II.B	
		have NOT filed Form 5768 (election dife						II-A
		Form 990, Part IV, line 5 (Proxy	-			-		
Tax) (See separate inst		, , , , , , ,		,		,	,	. ,
 Section 501(c)(4), (5)), or (6) organiza	tions: Complete Part III.						
Name of organization					Emplo	-		n number
		IN INSTITUTE FOR					***60	79
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c)	or is a section	527 or	ganiz	ation.	
		ation's direct and indirect political			•			
2 Political campaign					_			
3 Volunteer hours for	political campai	gn activities			····· -			
Part I-B Compl	ete if the org	anization is exempt unde	r section 501(c)(3).				
		incurred by the organization unde		-	\$			
		incurred by organization manager						
		n 4955 tax, did it file Form 4720 fo					Yes	No
4a Was a correction m	nade?					L	Yes	No No
b If "Yes," describe in					F01 /-	1/0)		
		anization is exempt unde		-				
		d by the filing organization for sect			\$_			
		ization's funds contributed to othe	-		\$			
		. Add lines 1 and 2. Enter here and			Ψ_			
	•		,		\$			
							Yes	No
5 Enter the names, a	ddresses and er	nployer identification number (EIN)	of all section 527 po	litical organizations	to which	n the filir	ng organiz	ation
		tion listed, enter the amount paid						
		omptly and directly delivered to a			separat	e segre	gated fun	d or a
	. ,	additional space is needed, provid			. 1			
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid filing organization			mount of	political eived and
				funds. If none, en		pron	nptly and	directly
							ered to a s ical organ	
							none, ente	

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022	WISCO	NSIN I	NSTITUTE FC	R LAW & LIB	ERTY **-*	***6079 Page 2
Part II-A Complete if the c						
section 501(h)).						
A Check if the filing organ	nization belon	gs to an affi	iliated group (and list in	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and s	hare of exce	ss lobbying	expenditures).			
B Check if the filing organ	ization checl	ked box A a	nd "limited control" pro	ovisions apply.		
Li	imits on Lob	bying Expe	· · · ·		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to	influence put	olic opinion (arassroots lobbving)			
b Total lobbying expenditures to						
c Total lobbying expenditures (ac						
d Other exempt purpose expendi						
e Total exempt purpose expendit						
f Lobbying nontaxable amount. E						
If the amount on line 1e, column (
-	a) 01 (b) 15.		bying nontaxable am			
Not over \$500,000	000.000		the amount on line 1e			
Over \$500,000 but not over \$1,			00 plus 15% of the exc			
Over \$1,000,000 but not over \$			00 plus 10% of the exc			
Over \$1,500,000 but not over \$	17,000,000		00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,	000.			
	(6 Kin a 4 6				
g Grassroots nontaxable amount		,				
h Subtract line 1g from line 1a. If	,					
i Subtract line 1f from line 1c. If z						
j If there is an amount other than						
reporting section 4911 tax for the	his year?					Yes No
(Some organization		a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns I	pelow.
	Lob	bying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
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))						L
f Grassroots lobbying expenditu	res					

Schedule C (Form 990) 2022

WISCONSIN INSTITUTE FOR LAW & LIBERTY **-***6079 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)	
of th	e lobbying activity.	Yes	No	Amo	ount
1 a b	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: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	X		
	Media advertisements?		X		
d	Mailings to members, legislators, or the public?	X			317.
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		19	9,568.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	L	X		000
	Other activities?	X			2,073.
j	Total. Add lines 1c through 1i		v	21	.,958.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	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				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5)(c)(5)(c)(5)(c)(5)(c)(5)(c)(5)(c)(5)(c)(5)(c)(5)(c)(5)(c)(5)(c)(5)(c)(5)(c)(5)(c)(5)(c)(5)(c)(5	on 501(c)(5), or se	ction	
	501(c)(6).			Vee	NI-
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from t t III-B Complete if the organization is exempt under section 501(c)(4), secti		-	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
-	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 4, what portion of the		3		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
5	expenditures next year? Taxable amount of lobbying and political expenditures. See instructions				
	t IV Supplemental Information		5		
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list): Part	II-A, lines 1 ;	and 2 (See	
instru	uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:	,,			
AL	LOCATED 70% OF LOBBYING EFFORT ON A RANGE OF TOPICS	WITH	THE M	AJORII	Y
OF	EFFORT BEING PLACED ON K-12 AND EDUCATION REFORM E	BILLS.	ALLOC	ATED	
109	S ON STATE-LEVEL ELECTION REFORM. ALLOCATED 10% ON	OCCUP	ATIONA	L	
LIC	CENSING REFORM. THE REMAINING 10% OF EFFORT WAS SPE	NT ON	MULTI	PLE	
MII	NOR CAUSES.				

(Form	990)
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232051 09-01-22

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number **-***6079

	WISCONSIN INSTITUTE FOR LAW		**-***6079
Pa	rt I Organizations Maintaining Donor Advised Funds or Of	ther Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Donor	advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the as	sets held in donor adv	ised funds
-	are the organization's property, subject to the organization's exclusive legal co		
6	Did the organization inform all grantees, donors, and donor advisors in writing		
	for charitable purposes and not for the benefit of the donor or donor advisor, o		
	impermissible private benefit?	,	
Pa			
1	Purpose(s) of conservation easements held by the organization (check all that		,
	Preservation of land for public use (for example, recreation or education)		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation of	contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic structure included in		
d	Number of conservation easements included in (c) acquired after July 25,2006		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguish		
	year	· · ·	0
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, i	nspection, handling of	
	violations, and enforcement of the conservation easements it holds?		YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violati	ons, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations,	and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requ		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements in it		
	balance sheet, and include, if applicable, the text of the footnote to the organiz	ation's financial stater	nents that describes the
Do	organization's accounting for conservation easements.	al Tracouras or (Other Similar Acceta
Fai	Complete if the organization answered "Yes" on Form 990, Part IV, line		Stile Similar Assets.
Ia	If the organization elected, as permitted under FASB ASC 958, not to report in		
	of art, historical treasures, or other similar assets held for public exhibition, edu		
Ŀ	service, provide in Part XIII the text of the footnote to its financial statements the		
D	If the organization elected, as permitted under FASB ASC 958, to report in its r		
	art, historical treasures, or other similar assets held for public exhibition, educa	mon, or research in fur	inerance of public service,
	provide the following amounts relating to these items:		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
~	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other si		ai gain, provide
-	the following amounts required to be reported under FASB ASC 958 relating to		¢
a b	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.		
	i or i aportiona noudouon Actinouco, see ure instructions for Fortil 330.		

	dule D (Form 990) 2022 WISCONS t III Organizations Maintaining C	IN INSTITU								Page 2
3	Using the organization's acquisition, access									,
	collection items (check all that apply):				-		-			
а	Public exhibition	c	i 🗌 i	_oan or exc	hange progra	ım				
b	Scholarly research	e	. 🗌 (Other						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how th	ey further t	he organizatio	on's exen	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or othe	er similar	assets		_	
	to be sold to raise funds rather than to be m	aintained as part of	the orgar	nization's co	ollection?	<u></u>			Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	'Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod		•						-	
	on Form 990, Part X?							L	Yes	l No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance								1	
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	-			orm 990, Part (c) Two year			oare back	(a) Four	voare back
		(a) Current year	(0) P	rior year	(C) TWO year	S DAUN (a) mee y	Cais Dack	(e) i oui	years Dack
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
-	End of year balance Provide the estimated percentage of the cur			a oolump (c)) hold oo:					
2	Board designated or quasi-endowment		%	y, column (a	a)) neiù as.					
a b	Permanent endowment	%	70							
		%								
C	The percentages on lines 2a, 2b, and 2c sho									
39	Are there endowment funds not in the posse	•	ation tha	it are held a	nd administe	red for th				
ou	organization by:								Г	Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere		0, Part IV	, line 11a. S	See Form 990	, Part X, I	line 10.			
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value
		basis (investr		basis			reciation		.,	
1a	Land									
	Buildings									
	Leasehold improvements				2,747.		6,35			5,389.
	Equipment				6,050.		50,63			5,414.
	Other			8	2,073.		42,02	22.),051.
Total	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line 1	0c.)				71	.,854.

Schedule D (Form 990) 2022

Schedule [D (Form 990) 2022	WISCONSIN	INSTITUTE FOR	LAW & LIBERTY	**-***6079 Page 3
Part VII	Investments -	Other Securities.			
	Complete if the orga	anization answered "Ye	s" on Form 990, Part IV, line	11b. See Form 990, Part X, line	9 12.
(a) Descri	ption of security or categ	OTY (including name of security) (b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financ	ial derivatives				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990	, Part X, col. (B) line 12.)			
		Program Related.			
		-	s" on Form 990. Part IV. line	11c. See Form 990, Part X, line	13.
	(a) Description of		(b) Book value		ost or end-of-year market value
(1)	., .				,
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)		Dent V. col. (D) line 10.)			
Part IX		, Part X, col. (B) line 13.)			
Faitix		anization answord "Vo	s" on Form 000 Part IV line	11d. See Form 990, Part X, line	15
			a) Description		(b) Book value
(4)		1			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	<i>"</i> , , , , , , , , , , , , , , , , , , ,				
		orm 990, Part X, col. (B) I	line 15.)		
Part X	Other Liabilitie				
			s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part	
1.		escription of liability			(b) Book value
	deral income taxes	T (017			
	EASE LIABIL	T.I.X			283,903.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col	umn (b) must equal Fo	orm 990, Part X, col. (B)	line 25.)		283,903.
2. Liability	y for uncertain tax pos	sitions. In Part XIII, provi	de the text of the footnote t	o the organization's financial sta	atements that reports the
organiz	zation's liability for und	certain tax positions und	ler FASB ASC 740. Check h	ere if the text of the footnote ha	as been provided in Part XIII

WISCONSIN INSTITUTE FOR LAW & LIBERTY

Schedule D (Form 990) 2022

-*6079 Page 3

Sche	edule D (Form 990) 2022 WISCONSIN INSTITUTE FOR LA	W & LI	BERTY	**_	***6079 Page 4
_	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,701,059.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,701,059.
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	-35,955.		
С	Add lines 4a and 4b			4c	-35,955.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,665,104.
				_	
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			rn.
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	a.		Retu 1	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 			rn.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	a. 2a			rn.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	a. 			rn.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	a. 2a 2b 2c			rn.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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.)	a. 2a 2b 2c		1	rn. 3,453,175.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	2a 2b 2c 2d	35,955.	1 2e	rn. 3,453,175. 35,955.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	2a 2b 2c 2d	35,955.	1	rn. 3,453,175.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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:	2a 2b 2c 2d	35,955.	1 2e	rn. 3,453,175. 35,955.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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	2a 2b 2c 2d	35,955.	1 2e	rn. 3,453,175. 35,955.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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 Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	35,955.	1 2e	rn. 3,453,175. 35,955.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	35,955.	1 2e 3 4c	rn. 3,453,175. 35,955. 3,417,220. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 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.)	2a 2b 2c 2d 4a 4b	35,955.	1 2e 3	rn. 3,453,175. 35,955.

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 XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT EVENT EXPENSES; SHOWN ON 990 STATEMENT OF REVENUES

AS REDUCTION

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EVENT EXPENSES; SHOWN ON FINACIAL STATEMENTS AS

EXPENSES

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" or organization entered more than \$					or if the	2022		
Department of the Treasury		Attach to Form 990	or For	m 990	-EZ.			Open to Public Inspection		
Internal Revenue Service		Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organizatio		IN INSTITUTE FOR I		_				lentification number		
	_*									
	complete this par	• Complete if the organization answ rt.	ered "\	/es" o	n Form 990, Part IV,	line 17	7. Form 990-	EZ filers are not		
a X Mail solicita b X Internet and c X Phone solic	tions d email solicitation: itations		ation of ation of	non-g gover	overnment grants nment grants	r.				
key employees lis	on have a written o ted in Form 990, F	or oral agreement with any individua Part VII) or entity in connection with viduals or entities (fundraisers) purs	profess	sional	undraising services	?	XY			
compensated at le	•	· · · ·		5						
(i) Name and addres or entity (fun		(, ,		Did raiser custody ntrol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)				
ALPHAGRAPHICS - 33	30 E.		Yes	No						
KILBOURN AVE. SUIT	'E 103,	FUNDRAISING MAILINGS		х	0.		8,41	78,417.		
PARAGON PRINTING A	ND GRAPHICS									
- 4124 SOUTH 13TH	ST,	FUNDRAISING MAILINGS		x	0.		15,495	515,495.		
		on is registered or licensed to solicit		oution	s or has been notifie	d it is e	23 , 912 exempt from			
or licensing.							-	÷		

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 coints greater than \$5,000 of fundraising avant contributions and n Form 000 E7 lines 1 and 6h. List events with are o incomo o

		of fundraising event contributions and g			-	pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	- col. (c))
Revenue	1	Gross receipts	109,252.			109,252.
	2	Less: Contributions	62,298.			62,298.
	3	Gross income (line 1 minus line 2)	46,954.			46,954.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	2,440.			2,440.
rect E	7	Food and beverages	44,514.			44,514.
ב	8	Entertainment				
	9	Other direct expenses	35,955.			35,955.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)			82,909
		Net income summary. Subtract line 10 from				-35,955
² a	rt I	Gaming. Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Hevenue			(,3-	bingo/progressive bingo	(-) 33	col. (a) through col. (c)
ě						
	1	Gross revenue				
es	2	Cash prizes				
zypens	3	Noncash prizes				
Ulrect Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
		ter the state(s) in which the organization cond				
		he organization licensed to conduct gaming a				🛄 Yes 🛄 No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax	year?	L Yes No
b	lf "	Yes," explain:				

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	WISCONSIN	INSTITUTE	FOR LAW	W & LIBERTY	**_*	**6079	Page 3
11	Does the organization conduct g	aming activities with r	nonmembers?				Yes	No No
12	Is the organization a grantor, ben	eficiary or trustee of a	a trust, or a membe	r of a partnersh	nip or other entity formed	I		
	to administer charitable gaming?						Yes	No No
13	Indicate the percentage of gamin	g activity conducted	in:					
a	The organization's facility						13a	%
	• An outside facility						13b	%
14	Enter the name and address of the	ne person who prepa	res the organization	's gaming/spec	cial events books and rec	ords:		
	Name							
	Address							
15a	a Does the organization have a cor	ntract with a third part	ty from whom the o	ganization rec	eives gaming revenue?		Yes	No No
ŀ	If "Yes," enter the amount of gam	ning revenue received	by the organization	n \$	and the a	mount		
	of gaming revenue retained by th		by the organization	Ψ		iniouni		
c	If "Yes," enter name and address							
	Name							
	Address							
16	Gaming manager information:							
10	Gaming manager mormation.							
	Name							
	Gaming manager compensation	\$						
	Description of services provided							
	Director/officer	Employee		endent contrac	tor			
		. ,	·					
17	Mandatory distributions:							
a	a Is the organization required unde							
	retain the state gaming license?						. └── Yes	└── No
k	• Enter the amount of distributions	required under state	law to be distribute	d to other exer	mpt organizations or spe	nt in the		
Da	organization's own exempt activitient IV Supplemental Infor			ive al less Devit I. I	ine Ob. eekunene (iii) eed		t III lines O	01 105
Fa	15b, 15c, 16, and 17b, as			-		(v), and Pa	rt III, iiries 9,	90, 100,
	100, 100, 10, and 170, a		nde any additional					
SC	HEDULE G, PART I,	LINE 2B, 1	LIST OF TE	N HIGHES	ST PAID FUNDE	AISER	s:	
(1) NAME OF FUNDRAI	SER: ALPHAC	JRAPHICS					
(I) ADDRESS OF FUND	RATCER.						
<u>\</u>	, ADDRESS OF FOND	INALOUN.						
33	0 E. KILBOURN AVE	. SUITE 10	3, MILWAUK	EE, WI	53202			
·				.				
(I) NAME OF FUNDRAI	SER: PARAGO	ON PRINTIN	G AND GI	RAPHICS			
(I) ADDRESS OF FUND	RAISER: 41:	24 SOUTH 1	ЗТН ST.	MILWAUKEE. W	VI 53	221	
	,				· · / ===···			

Schedule G	i (Form 990)	WISCONSIN	INSTITUTE	FOR	LAW	&	LIBERTY	**-***6079	Page 4
Part IV	Supplemental Ir	nformation (continued)							

SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-00	47	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	2022		
		Compensated Employees		ZU	J22		
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nan	ne of the organizatio			identificatio		mber	
		WISCONSIN INSTITUTE FOR LAW & LIBERTY	**_*	***607	9		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	, j					
	Travel for com						
		ation and gross-up payments					
	Discretionary	spending account Personal services (such as maid, chauffe	ur, chef)				
L.	If any of the house	on line 1a are checked, did the organization follow a written policy recording powerst ar					
b		on line 1a are checked, did the organization follow a written policy regarding payment or provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
2		rrs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
	trustees, and onice						
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization'	's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat					
		ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
		compensation consultant Compensation survey or study					
	Form 990 of o	ther organizations X Approval by the board or compensation of	committee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а		e payment or change-of-control payment?				X	
b		eive payment from a supplemental nonqualified retirement plan?				X	
С		eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
	• • • • • • • • • • • • • • • • • • •						
-		c)(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 compensati	on				
_	contingent on the r			5-		x	
a ⊾	Any related argent	ation?		5a 5b		X	
u		ation? or 5b, describe in Part III.		30			
6		on 50, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	ion				
U	contingent on the r						
я	•			6a		x	
b	Any related organiz	ation?		6b		X	
~		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S				
-		nes 5 and 6? If "Yes," describe in Part III		7		X	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to					
	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		Х	
9		id the organization also follow the rebuttable presumption procedure described in					
		n 53.4958-6(c)?	<u></u>	9			
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990) 2022	

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-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) RICHARD M ESENBERG	(i)	408,624.	0.	0.	30,500.	1,924.	441,048.	0.	
PRESIDENT & GENERAL COUNSE	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) ANTHONY LOCOCO	(i)	150,972.	0.	0.	10,809.	25,776.	187,557.	0.	
DEPUTY COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) LUKE BERG	(i)	145,086.	0.	0.	14,836.	26,551.	186,473.	0.	
DEPUTY COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) DAN LENNINGTON	(i)	142,094.	0.	0.	14,872.	29,387.	186,353.	0.	
DEPUTY COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) LUCAS VEBBER	(i)	141,191.	0.	0.	14,482.	26,510.	182,183.	0.	
DEPUTY COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) ELISABETH SOBIC	(i)	154,502.	0.	0.	15,450.	721.	170,673.	0.	
DIRECTOR OF EDUCATION POLI	(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)								

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.

FORM 990 PART I, LINE 3:

COMPENSATION OF THE PRESIDENT AND KEY PERSONNEL IS REVIEWED ANNUALLY BY

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

ALL STAFF.

Schedule J (Form 990) 2022

SCHEDULE O

(Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number **-**6079

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

LITIGATION, RESEARCH, PUBLIC EDUCATION, AND THE PROVISION OF LEGAL

WISCONSIN INSTITUTE FOR LAW & LIBERTY

COUNSEL TO LIKE MINDED INDIVIDUALS AND ORGANIZATIONS.

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

GOVERNMENTS.

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

FORM 990 IS REVIEWED BY THE DIRECTOR OF 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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

WI, AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OR, PA, RI, SC TN, UT, VA, WV

FORM 990, PART VI, SECTION C, LINE 18:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

Name of the organization

STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

AVAILABLE UPON REQUEST.

FORM 990 PART XII LINE 2C

THE PROCESS HAS NOT CHANGED. FORM 990 IS REVIEWED BY THE DIRECTOR OF

ADMINISTRATION AND BOARD PRESIDENT PRIOR TO FILING WITH THE INTERNAL

REVENUE SERVICE.