| Form 990-T | E | Exempt Organization Bus | sine | ss Income T | ax Return | ıL | OMB No 1545-0687 | |
|--|------------|---|------------------------------------|---|-------------------------|----------|------------------------------------|--|
| , | | (and proxy tax und | er se | ction 6033(e)) | | | 2018 | |
| Department of the Treasury | | ■ Go to www.irs gov/Form990T for ir Do not enter SSN numbers on this form as it may | | | | _ | Open to Public Inspection for | |
| A Check box if address changed | | Name of organization (Check box if name of | | D Employer identification number (Employees' trust, see instructions) | | | | |
| B Exempt under section | Print | | 20-2787890 | | | | | |
| X 501(c 34.3) | or | FIDELIS CENTER FOR LAW Number, street, and room or suite no. If a P.O box | E Unrelated business activity code | | | | | |
| 408(e) 220(e) | Туре | PO BOX 259837 | A, 500 II | | | (See) | nstructions) | |
| 408A 530(a) | | City or town, state or province, country, and ZIP of MADISON, WI 53725 | r foreig | n postal code | | 900 | 099 | |
| C Book value of all assets at end of year | J | F Group exemption number (See instructions.) | > | | | | | |
| 238,4 | 119. | G Check organization type ► X 501(c) corp | poration | 501(c) trust | 401(a) | trust | Other trust | |
| | _ | ition's unrelated trades or businesses. | 1 | Describe | the only (or first) uni | related | | |
| | | <u>VESTMENT IN A PARTNERSH</u> | | | complete Parts I-V. | | | |
| | | ce at the end of the previous sentence, complete Pa | arts I an | id II, complete a Schedule | e M for each addition | al trade | e or | |
| business, then complete | | | | | | 7,, | | |
| - · · | | poration a subsidiary in an affiliated group or a pare | nt-subs | idiary controlled group? | ▶ L | Ye | s X No | |
| J The books are in care of | | tifying number of the parent corporation | | Telenh | one number 🕨 (| 312 |) 201-6559 | |
| | | de or Business Income | | (A) Income | (B) Expenses | | (C) Net | |
| 1 a Gross receipts or sal | | 20 01 240111000 111001110 | Τ | (11) | (5) 5 | | (0) | |
| b Less returns and allo | | c Balance | 1c | | | | | |
| 2 Cost of goods sold (| | | 2 | | | | | |
| 3 Gross profit. Subtrac | | | 3 | | | - | | |
| 4 a Capital gain net inco | ne (attac | h Schedule D) | 4a | | | | | |
| b Net gain (loss) (Form | 1 4797, P | art II, line 17) (attach Form 4797) | 4b | | | | | |
| c Capital loss deduction | n for tru | sts | 4c | | | | | |
| • • | | ship or an S corporation (attach statement) | 5 | -23. | | | -23 <u>.</u> | |
| 6 Rent income (Sched | • | | 6 | | | | | |
| 7 Unrelated debt-finan | | | 7 | | | | _ | |
| - , , | • | and rents from a controlled organization (Schedule F) | \vdash | | | | | |
| 9 Investment income of the second of | | on 501(c)(7), (9), or (17) organization (Schedule G) | 10 | | | | | |
| 11 Advertising income (| • | , | 11 | | | | | |
| 12 Other income (See in | | • | 12 | | | | | |
| 13 Total. Combine line | | | 13 | -23. | | | -23. | |
| Part II Deduction | ons No | ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected | or limita d with | ations on deductions) the unrelated busines | s income) | | | |
| 14 Compensation of of | ficers, di | rectors, and trustees (Schedule K) | | | | 14 | | |
| 15 Salaries and wages | | RECEIVED |) [| | | 15 | | |
| 16 Repairs and mainte | nance | 11110111 | ၂ပ္တု | | | 16 | | |
| 17 Bad debts | | NOV 25 2019 | IRS-OSC | | | 17 | | |
| 18 Interest (attach sch | edule) (s | ee instructions) R NOV 25 2019 | SE | Ī | | 18 | - | |
| 19 Faxes and licenses | | | | | | 19 | | |
| 20 Charitable contribut | ions (Se | e instructions for limitation reGDEN, UT | |] | | 20 | i | |
| 21 Depreciation (attach | | • | | 21 | | 22b | | |
| 22 Less depreciation c23 Depletion | iaimed o | n Schedule A and elsewhere on return | | 22a | | 23 | | |
| 24 Contributions to de | ferred co | mnensation nlans | | | | 24 | | |
| 25 Employee benefit pi | | mponiumon piumo | | | | 25 | | |
| 26 Excess exempt exp | - | chedule I) | | | | 26 | | |
| 27 Excess readership of | • | • | | | : | 27 | | |
| 28 Other deductions (a | • | • | | | | 28 | | |
| 29 Total deductions A | Add lines | 14 through 28 | | | | 29 | 0. | |
| | | ncome before net operating loss deduction. Subtrac | | | | 30 | -23. | |
| | | loss arising in tax years beginning on or after Janua | ıry 1, 20 |)18 (see instructions) | | 31 | | |
| | | ncome Subtract line 31 from line 30 | | | | 32 | - 23 . Form 990-T (2018) | |

| FORM 980- | 1100000 0001001 1010 01101 0 100101 | | ···· | <u> </u> | 0/090 | | | | |
|-----------|--|-----------------------|------------------|--|-------------------|--------------------------|--|--|--|
| Part | II Total Unrelated Business Taxable Income | | | | | | | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see | e instru | uctions) | | 33 | <u>-23.</u> | | | |
| 34 | Amounts paid for disallowed fringes | | 34 | | | | | | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru | uctions) | STM' | г 1 | 35 | 0. | | | |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | | | | | | | |
| | lines 33 and 34 | | | | 36 | -23. | | | |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | | | | 37 | 1,000. | | | |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3 | 36 | | | - - 0, | 1,000 | | | |
| 30 | enter the smaller of zero or line 36 | ου, | | | 38 | -23. | | | |
| Dowt | | | | | 30 | -23. | | | |
| | V Tax Computation | | | | -1 | | | | |
| 39 | Organizations Taxable as Corporations Multiply line 38 by 21% (0 21) | | | | 39 | 0. | | | |
| 40 | Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of | on line (| 38 from | | 1 | | | | |
| | Tax rate schedule or Schedule D (Form 1041) | | | • | 40 | | | | |
| 41 | Proxy tax See instructions | | | • | 41 | | | | |
| 42 | Alternative minimum tax (trusts only) | | | | 42 | | | | |
| 43 | Tax on Noncompliant Facility Income See instructions | | | | 43 | | | | |
| 44 | Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies | | | | 44 | 0. | | | |
| Part \ | | | | | 11, | | | | |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | 45a | | | | | | | |
| | | $\overline{}$ | | | \dashv \vdash | | | | |
| b | Other credits (see instructions) | 45b | | | - | | | | |
| C | General business credit. Attach Form 3800 | 45c | | | - | | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 45d | | | - | | | | |
| е | Total credits Add lines 45a through 45d | | | | 45e | | | | |
| 46 | Subtract line 45e from line 44 | | _ | | 46 | 0. | | | |
| 47 | Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 886 | 66 📖 | Other (atta | ch schedule) | 47 | | | | |
| 48 | Total tax Add lines 46 and 47 (see instructions) | | | | 48 | 0. | | | |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | | | | 49 | 0. | | | |
| 50 a | Payments A 2017 overpayment credited to 2018 | 50a | | | | | | | |
| | 2018 estimated tax payments | 50b | | | 7 | | | | |
| | Tax deposited with Form 8868 | 50c | _ | | 7 | | | | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) | 50d | | | | | | | |
| | | | | | - | | | | |
| | Backup withholding (see instructions) | 50e | | | - | | | | |
| | Credit for small employer health insurance premiums (attach Form 8941) | 50f | | | - | | | | |
| 9 | Other credits, adjustments, and payments: Form 2439 | | | | 1 1 | | | | |
| | Form 4136 Other Total ▶ | 50g | | | - | | | | |
| 51 | Total payments. Add lines 50a through 50g | | | | 51 | | | | |
| 52 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | | | | 52 | | | | |
| 53 | Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | | | • | 53 | | | | |
| 54 | Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | | | • | 54 | | | | |
| 55 | Enter the amount of line 54 you want. Credited to 2019 estimated tax. | | Refun | ded > | 55 | | | | |
| Part \ | | on (se | e instructio | ns) | - 1 1 | | | | |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature | | | ······································ | | Yes No | | | |
| 00 | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization | | | | | 1.00 1.00 | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the | | | | | | | | |
| | | loreign | Country | | | • | | | |
| | here > | | | | | X | | | |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra | anstero | r to, a foreig | n trust? | | X | | | |
| | If "Yes," see instructions for other forms the organization may have to file | | | | | | | | |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year > \$ | | | | | | | | |
| _ | Under penalties of periors declare that have examined this return, including accompanying schedules and secured, and complete regulation of which prepare the transfer of all information of which prepare | tatement er has an | ts, and to the t | est of my kr | owledge and | belief, it is true, | | | |
| Sign | CLXV SIII alala | o | .your.ougo | _ | | iscuss this return with | | | |
| Here | PRESIDE | NT | | | - | hown below (see | | | |
| | Signature of office Date / Title | | | | instructions)? | X Yes No | | | |
| | Prin/Type preparer's name Preparer's signature Dat | е. | Che | eck | if PTIN | | | | |
| . | 1 | 1 | 1 - | - employe | | | | | |
| Paid | susan greggo Jusa Jugo 1 | 11/7 | 7/14 **" | - Unipioye | l l | 0595460 | | | |
| Prepa | irer SUSAN GREGGO / JUNE 11 P | • , ' | <u>• • </u> | m's EIN | | -2170602 | | | |
| Use C | Only Firm's name ► WARADY & DAVIS LLP | | FI | III S CHV | 30 | -21/0002 | | | |
| | 1717 DEERFIELD RD SUITE 300S | | | | /0/71 | 267 0600 | | | |
| | Firm's address ► DEERFIELD, IL 60015 | | | ione no. | | 267-9600 | | | |
| 823711 01 | -09-19 | | | | } | Form 990-T (2018) | | | |

| Schedule A - Cost of Good | s Sold. Enter | method of inver | itory v | aluation N/A | | | | |
|---|----------------------|--|----------|--|-----------------|---|-----------------------------------|--|
| 1 Inventory at beginning of year | 1 | | 6 | Inventory at end of year | ır | | 6 | |
| 2 Purchases | 2 | | 7 | Cost of goods sold St | ubtract l | ine 6 | | |
| 3 Cost of labor | 3 | | | from line 5 Enter here | and in f | Part I, | | |
| 4 a Additional section 263A costs | | | | line 2 | | Ĺ | 7 | |
| (attach schedule) | 4a | | _ 8 | Do the rules of section | with respect to | | Yes No | |
| b Other costs (attach schedule) | 4b | | _ | property produced or a | acquired | for resale) apply to | | |
| 5 Total Add lines 1 through 4b | 5 | | <u> </u> | the organization? | | | | |
| Schedule C - Rent Income (see instructions) | (From Real | Property an | d Pe | rsonal Property | Lease | ed With Real Prop | oerty) | |
| 1 Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | 2 Rent receiv | ed or accrued | | | | 2/a) Dadustions directly | connected with the | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50% | than | of rent for p | personal | onal property (if the percent property exceeds 50% or if ed on profit or income) | age | 3(a) Deductions directly columns 2(a) and | d 2(b) (attach schedu | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Lotal | 0. | Total | | | 0. | | | |
| (c) Total income Add totals of columns here and on page 1, Part I, line 6, column | | ter - | | | 0. | (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) | > | 0. |
| Schedule E - Unrelated Deb | | Income (see | ınstru | ctions) | | 1 | | |
| | | • | T | Gross income from | | 3 Deductions directly conn to debt-finance | ected with or allocal | ble |
| 1 Description of debt-fir | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) Other de (attach sc | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | - | | | | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis adjusted basis nced property a schedule) | 6 | Column 4 divided by column 5 | | 7 Gross income reportable (column 2 x column 6) | (column 6 x to | deductions tal of columns id 3(b)) |
| (1) | | | | % | | | | |
| (2) | | | | % | | | | |
| (3) | | | | % | | | | |
| (4) | | | | % | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | Enter here and Part I, line 7, | |
| Totals | | | | > | | 0. | , | 0. |
| Total dividends-received deductions in | cluded in column | 8 | | | | > | | 0. |
| | | | | | | | Form | 000-T (2018) |

| · | | | | | | | |
|------------------|------------------|------------------|------------------------|--------------------------|----------------------------|----------------------------|-------------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| rt II, line (5)) | • | 0. | C | | | | 0 |
| | rt II, line (5)) | rt II, line (5)) | rt II, line (5)) • 0 • | rt II, line (5)) • 0 • 0 | rt II, line (5)) 0 • 0 • | rt II, line (5)) 0 . 0 . | rt II, line (5)) 0 0 0 0 |

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

| 1 Name of periodical | | 2 Gross advertising income | 3. Direct advertising costs | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6 Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|---|--|--|--|-----------------------|--------------------|---|
| (1) | | | | | | | |
| (2) | | · | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| Totals from Part I | • | 0. | 0. | | | | 0 |
| | | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | , | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) | ▶ | 0. | 0. | | | | 0 |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1 Name | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---------|---------------------------------------|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total Enter here and on page 1, Part II, line 14 | | > | 0. |

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| FORM 990-T | NET | OPERATING LOSS | DEDUCTION | STATEMENT 1 |
|----------------------------------|------------------------|-------------------------------|------------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/14 12/31/15 12/31/17 | 3,267. 423. 274. | 231. 0. 0. | 3,036. 423. 274. | 3,036. 423. 274. |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR | 3,733. | 3,733. |