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DLN: 93493130011400

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008

Form 990

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number B Check if applicable Please Milwaukee School of Engineering use IRS 39-0477970 Address change label or Doing Business As E Telephone number Name change print or type. See (414) 277-7300 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite **G Gross receipts** \$ 92,579,817 Instruc-1025 North Broadway Street Termination tions. Amended return City or town, state or country, and ZIP + 4 Milwaukee, WI 53202 Application pending Name and address of Principal Officer **H(a)** Is this a group return for Hermann Viets PhD affiliates? 1025 North Broadway Street Milwaukee, WI 53202 H(b) Are all affiliates included? **✓** 501(c) (3) **◄** (insert no) Tax-exempt status √ 4947(a)(1) or
√ 527 (If "No." attach a list See instructions) Group Exemption Number 🕨 Web site: ► WWW MSOF EDU L Year of Formation 1903 M State of legal domicile WI Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets 52 Number of voting members of the governing body (Part VI, line 1a) \cdot \cdot 52 Number of independent voting members of the governing body (Part VI, line 1b) $\,$. 1,413 Total number of employees (Part V, line 2a) . Total number of volunteers (estimate if necessary) . 0 Total gross unrelated business revenue from Part VIII, line 12, column (C) . 376,201 Net unrelated business taxable income from Form 990-T, line 34 . -124,571 b **Prior Year Current Year** 9,977,014 10,937,595 Contributions and grants (Part VIII, line 1h) . . 8 9 Program service revenue (Part VIII, line 2g) . . 47,056,755 49,527,390 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 2,614,828 1,958,613 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 739,017 479,742 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 60,387,614 62,903,340 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 31,019,144 36,281,288 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 (Total fundraising expenses, Part IX, column (D), line 25 $\underline{878,488}$ b **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 28,046,183 25,880,972 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 59,065,327 62,162,260 18 Revenue less expenses Subtract line 18 from line 12 19 1,322,287 741,080 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 186,113,121 167,826,092 21 Total liabilities (Part X, line 26) 40,218,581 32,533,225 22 Net assets or fund balances Subtract line 21 from line 20 145,894,540 135,292,867 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

2010-05-10 Signature of officer

Armund M Janto Vice President of Finance Type or print name and title

Troy E Marine CPA

Paid Preparer's **Use Only**

Preparer's

signature

empolyed 🕨 🦵 BAKER TILLY VIRCHOW KRAUSE LLP Firm's name (or yours if self-employed). address, and ZIP + 4

115 South 84th Street Suite 400 Phone no (414) 777-5500

May the IRS discuss this return with the preparer shown above? (See instructions) . . .

Date

2010-05-10

Milwaukee, WI 53214

Check if

Preparer's PTIN (See Gen Inst)

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission			
See A	dditional Data Table			
2	Did the organization undertake any sign the prior Form 990 or 990-EZ? If "Yes," describe these new services		ing the year which were not listed on	┌ Yes ┌ No
3	Did the organization cease conducting services? If "Yes," describe these changes on S	or make significant changes	n how it conducts any program	┌ Yes ┌ No
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organizatio others, the total expenses, and revenu	ments for each of the organizans and 4947(a)(1) trusts are i	equired to report the amount of grants	
4a	(Code) (Expenses \$ INSTRUCTIONAL Over 2,000 students are er students are trained in technical certificate pr		rants of \$) (Revenue \$ 0 students are enrolled part time, including gra	
4b	(Code) (Expenses \$ INSTRUCTIONAL SUPPORT Administrative ar expenses for classrooms, laboratories and of		rants of \$) (Revenue \$	•
4c	(Code) (Expenses \$ STUDENT SERVICES On campus services are	8,831,563 including g provided for students including food	ants of \$) (Revenue \$ services, housing, recreation, artistic pursuit, a	,
	(Code) (Expenses \$	13,817,833 including g	ants of \$) (Revenue \$	4,342,438)
4d	Other program services (Describe ii (Expenses \$	Schedule O) Including grants of \$) (Revenue \$)
4e	Total program service expenses \$	59,509,892 Must e	qual Part IX, Line 25, column (B).	

Part IV	Chec	klist o	f Reauire	d Sched	ules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			1 63	140
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
	_	20a		NO
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νo

Form	990 (2008)			Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c		
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			
L	return			
	Note:If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country BF			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
F-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
5a h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No No
		5b		
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited</i> Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g		7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A	<u>. Governing</u>	Body and N	nanagement	

					Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,			
1a	Enter the number of voting members of the governing body	1a	52			
Ь	Enter the number of voting members that are independent	1b	52			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		Νο
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control over management control over management duties.			3		Νο
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ .$	ince t	he prior Form 990 was	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization	anızat	on's assets?	5		Νο
6	Does the organization have members or stockholders?			6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect governing body?			7a		Νο
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written activities year by the following	ons ur	ndertaken during the			
а	the governing body?			8a	Yes	
Ь	each committee with authority to act on behalf of the governing body?			8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.		' '	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was describe in Schedule O the process, if any, the organization uses to review the			10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc			11		Νο

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13		Νo
Does the organization have a written document retention and destruction policy?	14		No
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			
The organization's CEO, Executive Director, or top management official?	15a		Νo
Other officers or key employees of the organization?	15b		Νo
Describe the process in Schedule O			
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	Yes	
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of 19 interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Armund Janto 1025 N Broadway Milwaukee, WI 53202 (414) 277-7126

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related	Estimated amount of other compensation from the organization and related organizations
							_			

Part VIII Continued

			() ition that a			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
		-					_			
							\vdash			
					\vdash					
							Ļ		T	
1b Total			•				•	1,887,771		372,402
2 Total number of individuals (including	those in 1	a) who	recei	ved	mor	e thai	n \$1	00,000 in reportabl	е	

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►43

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
WCM Associates LLC 834 Mill Lake Road Fort Wayne, IN 46845	Professional Trainers	547,436
Sig Max Solutions LLC 19110 Glacier Parkway Brookfield, WI 53045	Professional Trainers	368,389
Strategy Development Services LLC 19 Rexinger Lane Avon, CT 06001	Professional Trainers	139,923
Turning Bird Consulting 150 Farmington Lane Lancaster, PA 17601	Environmental Consulting	123,692
2 Total number of independent contractors (including those in 1) who receive	ved more than \$100,000 in compensation	1

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt	(C) Unrelated Business	(D) Revenue Excluded from
					Function	Revenue	Tax under IRC
	1a	Federated campaigns 1a			Revenue		512, 513, or 514
Contributions, gifts, grants and other similar amounts	ь	Membership dues					
		1b	20 521				
	C	Fundraising events 1c	29,531				
	d	Related organizations1d					
n, Ei	е	Government grants (contributions) 1e	3,881,590				
er s	f	All other contributions, gifts, grants, and similar amounts not included above	7,026,474				
흔들		1f					
Ž Ž	g	Noncash contributions included in lines 1a-1f \$ 63,455					
O 10	h	Total (Add lines 1a-1f)		10,937,595			
			Business Code				
ППе	2a	TUITION/FEES	900,099	36,002,954	36,002,954		
e ve	ь	AUX ENTERPRISES	812,930	9,009,335	8,836,672	172,663	
Program Service Revenue	c	Government Contracts	900,099	2,414,963	2,414,963		
	d	TECHNOLOGY CENTER	900,099	2,100,138	2,100,138		
S S	e						
grag	f	All other program service revenue					
Š	g	Total. Add lines 2a-2f					
	3	Investment income (including divid	dends, interest				
		other similar amounts)	[1,867,466		203,538	1,663,928
	4	Income from investment of tax-exempt be	ond proceeds				
	5	Royalties	•				
		(i) Real	(II) Personal				
	6a	Gross Rents	(1)				
	ь	Less rental expenses					
	с	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount 29,706,006	(ii) o thei				
		from sales of assets other					
	ь	than inventory Less cost or 29,614,859					
		other basis and sales expenses					
	c	Gain or (loss) 91,147					
	d	Net gain or (loss)	. ▶	91,147			91,147
	8a	Gross income from fundraising					
		events (not including \$ 219,767					
ше		of contributions reported on line					
₹		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
Other Revenue		\$15,000 a	29,531				
her	b	Less direct expensesb	61,618	.=			
ᅙ	С	Net income or (loss) from fundraisi	ng events	158,149			158,149
	9a	Gross income from gaming activities See part IV, line 19					
		Complete Schedule G ıf total					
		exceeds \$15,000					
	ь	Less direct expensesb					
	с	Net income or (loss) from gaming a					
	10a	Gross sales of inventory, less	•				
		returns and allowances . a					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of					
	44-	Miscellaneous Revenue	Business Code 900,099	321,593			321,593
	11a h	OTHER INCOME	300,039	321,393			321,393
	Ь						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	\$ 321,593				
	12	Total Revenue. Add lines 1h, 2g, 3	, 4, 5 <mark>, 6d, 7d,</mark>	62,903,340	49,354,727	376,201	2,234,817
		8c, 9c,10c, and 11e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(3) and 501(c)(4) orgalised in the section 501(c)(4) organizations must complete column (A) but are not re				·
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		·		•
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,035,300	386,800	458,500	190,000
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	27,413,756	26,596,768		256,567
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,125,364	1,052,090	50,946	22,328
9	Other employee benefits	4,805,792	4,723,274	58,413	24,105
10	Payroll taxes	1,901,076	1,809,308	62,764	29,004
11	Fees for services (non-employees)				
а	Management				
b	Legal	73,266	22,705	50,561	
c	Accounting	81,768		81,768	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,919,769	1,885,766	21,625	12,378
14	Information technology				
15	Royalties				
16	Occupancy	2,501,766	2,369,613	67,567	64,586
17	Travel	694,885	676,197	8,756	9,932
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	70,000	70,000		
20	Interest	1,094,698	1,094,698		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,098,792	4,098,028	764	
23 24	Insurance				
	grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line $25\ \text{below}$)				
а	Equipment Rental & Main	2,972,966	2,955,948	10,708	6,310
b	student activities/enro	2,226,390	2,226,390		
c	food plan purchases	2,019,357	2,019,357		
d	emp development, member	1,795,477	1,377,487	289,191	128,799
e	Outside trainers and se	1,788,538	1,788,538		
f	All other expenses	4,543,300	4,356,925	51,896	134,479
25	Total functional expenses. Add lines 1 through 24f	62,162,260	59,509,892	1,773,880	878,488
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Dart V	Balance	Shoot
Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			283,468	1	92,923
	2	Savings and temporary cash investments	•		20,076,431	2	11,635,270
	3	Pledges and grants receivable, net	•		235,259	3	73,018
	4	Accounts receivable, net	•		3,739,292	4	3,611,808
	5	Receivables from current and former officers, directors, trustee:	 . kay	· · · · ·	5,755,252	7	0,011,000
		other related parties Complete Part II of Schedule L		•		5	
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of				6	
	7	Notes and loans receivable, net			8,300,434	7	7,610,071
	8	Inventories for sale or use			254,518	8	229,498
\$	9	Prepaid expenses and deferred charges			1,273,839	9	3,024,857
Assets	10a	Land, buildings, and equipment cost basis	10a	129,028,604			
**	b	Less accumulated depreciation Complete Part VI of	104	.25,525,55	-		
		Schedule D	10b	46,841,948	83,407,397	10c	82,186,656
	11	Investments—publicly traded securities			67,308,875	11	58,193,167
	12	Investments—other securities See Part IV, line 11 Complete P Schedule D	Part VII	I of		12	
	13	Investments—program-related See Part IV, line 11 Complete For Schedule D.	Part VI	II		13	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			1,233,608		1,168,824
		D	1,200,000	15	.,,		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			186,113,121	16	167,826,092
	17	Accounts payable and accrued expenses .			4,148,180	17	5,069,139
	18	Grants payable				18	
	19	Deferred revenue			962,855	19	935,825
	20	Tax-exempt bond liabilities	į		29,240,000	20	20,640,000
<u> </u>	21	Escrow account liability Complete Part IV of Schedule D		•		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	Payable to current and former officers, directors, trustees, key				
<u> </u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	5 .			23	
	24	Unsecured notes and loans payable				24	
	25	Other liabilities Complete Part X of Schedule D			5,867,546	25	5,888,261
	26	Total liabilities. Add lines 17 through 25	40,218,581	26	32,533,225		
		Organizations that follow SFAS 117, check here	plete l	ines 27			
ф. Э		through 29, and lines 33 and 34.					
Balance	27	Unrestricted net assets			88,482,895	27	85,424,104
Ba	28	Temporarily restricted net assets			26,855,883	28	18,525,847
돧	29	Permanently restricted net assets			30,555,762	29	31,342,916
r Fund		Organizations that do not follow SFAS 117, check here ► arlines 30 through 34.	ıplet e				
S OF	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31			
Ą	32	Retained earnings, endowment, accumulated income, or other fu		32			
Net	33	Total net assets or fund balances			145,894,540	33	135,292,867
Z	34	Total liabilities and net assets/fund balances			186,113,121	34	167,826,092
Pa	rt XI	Financial Statements and Reporting					

Dawl VI	Financial	Statements		Danastina
yarır XI	- Financiai	Statements	ana	Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
Ь	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

As Filed Data -

DLN: 93493130011400

Employer identification number

93493130011400

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

2008

Open to Public
Inspection

чшwа	ukee Sc	nool of Enginee	erng					39.	-0477970	1	
Pa	rt I	Reason	for Public Cl	harity Status (to be con	mpleted	by all or	ganızatıo				
Γhe	organiz			ation because it is (Please						•	
1	Γ	A church, c	onvention of ch	iurches, or association of ch	urches de	scribed in	Section 1	L 70(b)(1) (A)(i).		
2	<u> </u>	A school de	escribed in Sect	i on 170(b)(1)(A)(ii). (Attac	ch Schedu	le E)					
3	Γ	A hospital	or a cooperative	e hospital service organizati	on describ	oed in Sec	tion 170(l)(1)(A)(i	ii). (Attac	h Schedul	e H)
4	Γ	A medical i	research organı	zation operated in conjuncti	on with a l	nospital de	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the
		hospital's r	name, city, and	state							
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)							
6	Γ	-	-	overnment or governmental							
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral public
		describedi	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)						
8		A communi	ty trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)				
9	Г	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	, and gross
		•		ated to its exempt functions	-		•		•		
			-	estment income and unrelate			•			() from bu	sinesses
	_			on after June 30, 1975 See							
10				and operated exclusively to							
11	ı			and operated exclusively fo orted organizations describe							
				type of supporting organiza						Section 5	09(a)(3). Check
		_	ype I b				nally Integ		ď	Г⊤ype	III - Other
e	Γ	By checkin	g this box, I ce	rtıfy that the organizatıon is	not contro	olled direc	tly or ındı	rectly by o	ne or mor	e dısqualı	fied persons
				agers and other than one or	more publ	ıcly suppo	orted orga	nızatıons (described	ın section	1509(a)(1) or
f		section 50		d a written determination fro	m the IDS	: that it ic	a Tyna I	Type II o	r Type III	supportin	a organization
•		check this		d a written determination no	in the 1Kc	, that it is	a Type I,	Type II O	i i ype iii	Supportin	
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	!		
		following pe					.		d ()		[[
			•	r indirectly controls, either a		_	tn persons	aescribe	a in (ii)	44	Yes No
			· -	ng body of the the supported	-	tion				11g(
			•	erson described in (i) above						11g(
h				ty of a person described in (nation about the organizatio			cupports			11g(···/
"		rioviue tile	e lonowing intori	nation about the organizatio	iis the org	iailizatioii	supports				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did v	ou notify	(vi) T	s the	(vii) A mount of
	. ,	orted	,	(described on lines 1-9		atıon ın	1 * . *	nızatıon		ation in	support?
	0 rgan	ıızatıon		above or IRC section		listed in) of your		rganized	
				(See Instructions))	your go	verning nent?	supp	orty	ın the	US7	
					Yes	No	Yes	No	Yes	No	1
					103	110	1.33	110	103	1,10	
										-	

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization'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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	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 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in 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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Open to Public

erna	Revenue Service			Inspec	tton_
	me of the organization raukee School of Engineering		Employer ide	entification numb	per
IIV	dance sensor or Engineering		39-0477970	o	
Pa	rt I Organizations Maintaining Donor A		inds or Acco	ounts. Comple	ete if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(h) Funds	s and other acco	unts
	Total number at end of year	(a) Donor advised funds	(D) Tulius	s and other accor	unts
:	Aggregate Contributions to (during year)				
;	Aggregate Grants from (during year)				
ļ	Aggregate value at end of year				
;	Did the organization inform all donors and donor advidunds are the organization's property, subject to the		oradvised	☐ Yes	☐ No
i	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ber impermissible private benefit?		may be	☐ Yes	┌ No
Pa I	rt III Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, F	art IV, line 7.	
2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual on the last day of the tax year	on or pleasure) Preservation of an Preservation of cei	tified historic s	structure	e a
	,		н	leld at the End of	f the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easement	rs ·	2b		
c	Number of conservation easements on a certified h	istoric structure included in (a)	2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		
;	Number of conservation easements modified, transfe the taxable year ►	erred, released, extinguished, or terminate	d by the organi	zation during	
ļ	Number of states where property subject to conserve	ation easement is located 🕨			
i	Does the organization have a written policy regarding enforcement of the conservation easements it holds:	g the periodic monitoring, inspection, viola	tions, and	☐ Yes	┌ No
,	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year ►		
•	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$		
3	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion	☐ Yes	☐ No
)	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	•	,	
ar	Complete if the organization answered		or Other Sin	nilar Assets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or researc	h ın furtheranc		ce,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir			
	(i) Revenues included in Form 990, Part VIII, line 1		▶:	\$	
	(ii) Assets included in Form 990, Part X		► \$	6,7	752,000
	If the organization received or held works of art, hist following amounts required to be reported under SFA		r financial gain	, provide the	
а	Revenues included in Form 990, Part VIII, line 1		► \$		

b Assets included in Form 990, Part X

Part	**	Organizations Maintaining Co	llections of Art,	His	<u>tori</u>	<u>cal Treas</u>	ures, or Othe	<u>er Similaı</u>	r Asse	ts (co	ntınued)
3		ng the organization's accession and other ns (check all that apply)	records, check any	of th	e foll	owing that a	re a significant i	use of its co	llection	1	
а	▽	Public exhibition		d	Γ	Loan or ex	change programs	5			
b	~	Scholarly research		e	Γ	Other					
c	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV										
5		ing the year, did the organization solicit o ets to be sold to raise funds rather than t						nılar	Г	Yes	√ No
Par	t IV	Trust, Escrow and Custodial A Part IV, line 9, or reported an am					anızatıon ansv	vered "Yes	s" to Fo	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?										
b	If"	res," explain why in Part XIV and comple	te the following table								
									A mou	ınt	
С	Beg	Jinning balance					1c				
d	Add	ditions during the year					1d				
e	Dıs	tributions during the year					1e				
f	End	ling balance					1f				
2a	Dıd	the organization include an amount on Fo	orm 990, Part X, line	21?					Γ	Yes	┌ No
b	If "Y	es," explain the arrangement in Part XIV									
Pai	rt V	Endowment Funds. Complete I									
_	_		(a)Current Year 39,709,149	(b) Prior	Year (c)	Two Years Back (d	Three Years I	Back (e)Four Ye	ears Back
1a		inning of year balance									
b		ntributions	726,815 -5,205,659								
с		estment earnings or losses	-5,205,659								
d		nts or scholarships	1 507 950								
е		er expenditures for facilities programs	1,507,859								
f		ninistrative expenses	15								
g	End	of year balance	33,722,431								
2	Prov	vide the estimated percentage of the year	r end balance held as								
а	Boa	rd designated or quasi-endowment 🕨	0 %								
b		manent endowment 🕨 100 000 %									
c		m endowment - 0 %									
3a		there endowment funds not in the posses	ssion of the organizat	ıon t	hat a	re held and	administered for	the			
		anization by								Yes	No
	(i) t	unrelated organizations							3a(i)		Νo
	. ,	related organizations							3a(ii)		No
		res" to 3a(II), are the related organization	•						3b		
4		cribe in Part XIV the intended uses of the					25 mt V 1 m 5 1 0				
Par	t VI	Investments—Land, Buildings	s, and Equipmen	τ. 5					Т		
		Description of investment				Cost or other (investment)	(b)Cost or other basis (other)	(c) Deprec	iation	(d) Boo	ok value
1a l	and						7,207,273	; n	L	-	7,207,273
b E	Build	ings					81,570,626	25,4	48,025	56	5,122,601
c l	_eas	ehold improvements									
d E	Equip	oment		•			40,152,621	21,39	93,923	18	3,758,698
e (Othe	r					98,084				98,084

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Metho	d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
<u>O ther</u>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990 Part X line	13	
			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	no 1F		
Part IX Other Assets. See Form 990, Part X, II (a) Descri			(b) Book value
(4) 500011	ption		(B) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line .	15.)		
Part X Other Liabilities. See Form 990, Part X	I ·		
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
asset retirement obligation	269,533		
DEFERRED SUPPORT	990,755		
ACCUM POST-RETIREMENT BENEFITS	2,610,652		
US GOV'T GRANTS REFUNDABLE	2,017,321		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	5,888,261		
(() () () () () () () () () () () () () () ()	J,088,201		

Total revenue (Form 990, Part VIII, column (A), line 12)	1	62,903,340
Total expenses (Form 990, Part IX, column (A), line 25)	2	62,162,260
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	741,080
4 Net unrealized gains (losses) on investments	4	-11,054,981
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	-287,772
9 Total adjustments (net) Add lines 4 - 8	9	-11,342,753
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-10,601,673
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1 Total revenue, gains, and other support per audited financial statements	1	51,560,587
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d -287,772		
e Add lines 2a through 2d	2e	-11,342,753
3 Subtract line 2e from line 1	3	62,903,340
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV)	_	
c Add lines 4a and 4b	4c	0
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	62,903,340
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
Total expenses and losses per audited financial statements	1	62,162,260
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	-	
b Prior year adjustments	1	
c Losses reported on Form 990, Part IX, line 25		
e Add lines 2a through 2d	2e	0
3 Subtract line 2e from line 1	3	62,162,260
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	<u> </u>	02,102,200
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV) 4b	1	
c Add lines 4a and 4b	4c	0
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	62,162,260
Part XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part III, Line 4		"Man at Work" collection is a collection of paintings and sculptures depicting various trades and professions from medieval times to the present. The collection was made possible from restricted donations. The work theme is utilized in various locations of the academic curriculum for students in engineering, business and nursing.
Part V, Line 4	Description of Intended Use of Endowment Funds	Endowments are used for whatever the donor intent is stated Endowed scholarships for student financial assistance is approximately 70% of the total endowment. The remainder is donor designated for school programs or facility improvements, all with the intent of enhancing the schools educational mission.
Part XI, Line 8 - Other Adjustments		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT - 243369 Unrealized Post-Retirement Benefit Loss -44403
Part XII, Line 2d - Other Adjustments		change in split interest agreement -243369 Unrealized Post- Retirement Benefit Loss -44403

Schools

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Attach to Form 990 or Form 990-EZ. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Employer identification number

	e of the organization ukee School of Engineering	Employer identification	on nun	nber	
		39-0477970			
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it	s charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?		1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students	s in all its			
	brochures, catalogues, and other written communications with the public dealing with student adm	nissions,			
	programs, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadc	-			
	the period of solicitation for students, or during the registration period if it has no solicitation prog that makes the policy known to all parts of the general community it serves? If "Yes," please desc				
	please explain	cribe ir ivo,	3	Yes	
	the nondiscriminatory statement has been included in publications, brochures and mission statem	nent		163	
4	Does the organization maintain the following?				
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
	p Records documenting that scholarships and other financial assistance are awarded on a racially n	nondiscriminatory		100	
•	basis?	londiscriminatory	4b	 Yes	
	Copies of all catalogues, brochures, announcements, and other written communications to the pub	blic dealing			
	with student admissions, programs, and scholarships?		4c	Yes	
•	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separ	rate statement)			
5	Does the organization discriminate by race in any way with respect to				
ā	a Students' rights or privileges?		5a		No
	Admissions policies?		5b		N.o.
	, Admissions ponetes		<u> </u>		No
•	Employment of faculty or administrative staff?		5c		No
C	Scholarships or other financial assistance?		5d		Νo
•	Educational policies?		5e		No
	. ======		<u> </u>		110
f	Use of facilities?		5f		Νo
	g Athletic programs?		_		
,	Attribute programs.		5g		No
H	other extracurricular activities?		5h		No
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a sepa	arate statement)			
	a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended?		6a	Yes	h.
t	If you answered "Yes" to either 6a or b, please explain using an attached statement		6b	$\vdash \vdash \vdash$	No
7		24 46			ĺ
,	Does the organization certify that it has complied with the applicable requirements of sections 4 C	_	_	V = =	ĺ
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an expl	anation	7	Yes	i

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DLN: 93493130011400

2008

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ. line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

Internal Revenue Service						Inspection
Name of the organization					Employer ider	ntification number
Milwaukee School of Engi	neerng				39-0477970	
Dowl T. Fundacioin	- Activities Complete	a .f +ba a		uan anguared "Vas"		
	g Activities. Complete				· · · · · · · · · · · · · · · · · · ·	, line 17.
	e organization raised funds	through ar	ny of the			
a Mail solicitation		non-government grants				
b Email solicitatio	· · -	government grants				
c Phone solicitation				g Special fundrais	sing events	
d In-person solicit	tations					
_	have a written or oral agre sted in Form 990, Part VII		•	` _		Γ Yes Γ No
	highest paid individuals or at least \$5,000 by the orga					
		(iii) Did fundraiser have custody or control of contributions? Yes No			(v) A mount paid to	(vi) A mount paid to (or retained by) organization
(i) Name of individua or entity (fundraiser	I (III) A CTIVITY			(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	
				1	""	
						1
 Total	I	l	.			
			F	ı	ı	1

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	t I	Fundraising Events. Commore than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, lii eipts greater than \$5	ne 18, or ,000.	report	:ed
			(a) Event #1 Regent Golf (event type)	(b) Event #2 President Golf (event type)	(c) O ther Events (total number)	(d) To (A dd col	tal Eve (a) th	
Φ_	1	Construction of the contract o	143,369		· · · · · · · · · · · · · · · · · · ·		24	9,298
Revenue	2	Gross receipts Less Charitable contributions	12,143	17,388	3		2'	9,531
	3	Gross revenue (line 1 minus line 2)	131,226	88,541	L		21	9,767
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs	22,014	22,222	2		4.	4,236
Ψ.	7	Other direct expenses	9,802	7,580			1	7,382
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			6	1,618
	9	Net income summary Combine lir	_		🕨		15	8,149
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
~	1	Gross revenue						
<u></u>	2	Cash prizes						
sued:	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
짇	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	Yes	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9 a b	Is	er the state(s) in which the organiza the organization licensed to operate No," Explain			 .	· 9a	Yes	No
	_							
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	g the tax year?	10a		
11	Do	es the organization operate gaming a	activities with nonmembe	rs?		11		
12		the organization a grantor, beneficiar		a member of a partnersh	nip or other entity			

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization Milwaukee School of Engineering **Employer identification number**

39-0477970

Pa	Questions Regarding Compensation					
					Yes	Νο
1a	Check the appropriate box(es) if the organization provi 990, Part VII, Section A, line 1a Complete Part III t					
	First class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writ provision of all the expenses described above? If "No			1b		No
2	Did the organization require substantiation prior to rei officers, directors, trustees, and the CEO/Executive [• • • • • • • • • • • • • • • • • • • •	2		Νο
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha		·			
	✓ Compensation committee	Γ	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pa	art VII	I, Section A, line 1a			
а	Receive a severance payment or change of control pa	ymeni	ŧ?	4a		Νo
b	Participate in, or receive payment from, a supplement	al non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-bas	ed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must com	plete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de		•	7		Νο
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in F in Part III			R		N.o.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & incentive compensation	SC compensation (iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(E)	311,667			75,000	59,291	445,958	
frank habib	(I) (II)	195,833				28,275	224,108	
armund janto	(1) (11)	189,698				27,605	217,303	
roger frankowskı	(I) (II)	164,416				10,422	174,838	
Tım Valley	(ı) (ı)	132,607				27,031	159,638	
	(I) (II)	146,686				9,638	156,324	
Jim Blank	(I) (II)	138,107				27,658	165,765	
Jeff Blessing	(I) (II)	139,998				23,892	163,890	
Owe Peterson	(i) (ii)	136,926				24,660	161,586	
David Hall	(i) (ii)	220,750					220,750	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
		The school provides its President with a residence on campus. All utilities, upkeep, maintenance and repairs are paid by the school. There is no written policy regarding this arrangement.

Schedule J (Form 990) 2008

Software ID: Software Version:

EIN: 39-0477970

Name: Milwaukee School of Engineerng

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

10111 990, Schedule 3, Fart 11 - Officers, Directors, Trustees, key Employees, and Ingliest Compensated Employees									
(A) Name	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form		
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ		
Hermann Viets PhD (I				75,000	59,291	445,958			
frank habib (i					28,275	224,108			
armund janto (I					27,605	217,303			
roger frankowskı (ı					10,422	174,838			
Tım Valley (ı					27,031	159,638			
ronald gerrits (I					9,638	156,324			
Jim Blank (i					27,658	165,765			
Jeff Blessing (i					23,892	163,890			
O we Peterson (I					24,660	161,586			
David Hall (I	220,750					220,750			

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DLN: 93493130011400

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

Department of the Treasury Internal Revenue Service

Schedule K

(Form 990)

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public Inspect ion

Name of the organization Milwaukee School of Engineerng										Employer identification number				
MIIIV	vaukee School of Engineerng									39-047	970			
Pa	art I Bond Issues (Requi	red for 2008)								•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued		(e) Issue Price		(f) Des	crıptıon of P	urpose	(g) Def	feased	Beha	On alf of suer
											Yes	No	Yes	No
A	City of Milwaukee	39-1186734	60242EGM7	07-01-	2003	7,	000,000	Campus Bui	ldıngs			x	X	
Pa	rt III Proceeds (Optional)	for 2008)	•		•	_								
1	Total Proceeds of Issue				A	E	3	(:		1		E	
2	Gross Proceeds in Reserve Fu	nds												
3	Proceeds in Refunding or Defe	asance Escrows												
4	Other Unspent Proceeds													
5	Issuance Costs from Proceeds	S												
6	Working Capital Expenditures	from Proceeds												
7	Capital Expenditures from Pro	ceeds												
8	Year of Substantial Completion	n				•		•	•					
9	Were the bonds issued as part	of a current refunding iss	sue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
10	Were the bonds issued as part	of an advance refunding	ıssue?											
11	Has the final allocation of proc	eeds been made?												
12	Does the organization maintain final allocation of proceeds?	n adequate books and rec	ords to support the											
Pa	rt IIII Private Business U	se (Optional for 2008)			1		_						
					A	Y	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		V			<u>E</u>	- NI -
1	Was the organization a partner which owned property financed		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Yes		No
2	Are there any lease arrangeme which may result in private bus		nanced property											
For	Danerwork Peduction Act Notice se	e the Instructions for Form	. 000			Cat No. 501	03E			C .	chodulo K /	Form 99	A) 2008	

Schedule K	(Form 990) 20	800	
Part III	Private Bu	siness Use	(Continued)

		4	A	E	3	С		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	(<u>c</u>	ı	<u> </u>	ı	Ε
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

DLN: 93493130011400

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Transactions with Interested Persons

Name of the organization Milwaukee School of Engineering

Employer identification number

39-0477970

1 (a) Name of disquali	(a) Name of disqualified person				(b) Description of transaction								rected?	
					(-,							Yes	No	
2 Enter the amount of tax imposed section 4958						-		ear un •	-	\$				
3 Enter the amount of tax, If any, or			•		the organization .	•		•	•	\$				
Part II Loans to and/or Fro														
To be completed by organ	<u>ization:</u>	s that	tanswered	"Yes"	on Form 990, Part	IV, lir	ne 26, or Fo	rm 99	90-E2			e 38a		
	(b) L	oan	to or					(0)	In	(f Appr	-	(0)	Vritten	
(a) Name of interested person and		om th		(c)O	rıgınal prıncıpal	(d)B:	alance due	defa				r agre		
purpose	orga	ınızat	ion?		amount	(4)5	arance due			comm		-		
	То		From	1				Yes	No	Yes	No	Yes	No	
Grohmann Industries														
Mortgage	X				3,040,000		3,040,000		Νo	Yes		Yes		
Total					- \$		3,040,000							
Part III Grants or Assistance To be completed by org						990, F	art IV, lın	e 27.						
(a) Name of interested person		(b			ween interested pe	rson	(c)A mo	ount o	farar	at or twi	ne of	accict:	ence	
(a) Name of filterested person			ar	nd the d	organization		(C)AIIIC	June 0	ı yıaı	it or ty	pe 01	a551516	ance	
Part IV Business Transaction	ns Inv	olvi	ing Inter	estec	l Persons									
To be completed by org	ganızat	tions	that ansv	vered	"Yes" on Form 9	990, P	art IV, lin	e 28a	a, 28	b, or 2	28c.			
		(b)) Relations l	hıp								(e) Sha	arıng of	
(a) Name of interested person			veen interes		(c) A mount o	f	(d) Descri	intion	of tra	nsactio	on	-	ation's	
(1)			erson and th		transaction	(u) Desc		, p 1.0			···		nues?	
			organization									Yes	No	
David Uihlein Jr			is on the Bo	oard		- 1	Jihlein-Wils				ve		Νo	
		-	ents and ent of Uıhle	ın-			is the orgar Dlanner and				_{.or}			
			Architects			1.	ouilding and			-				
							his relation							
						a	it an arm's	length	man	ner				
James Wigdale			ıs on the B	oard			1&I Bank ıs						Νo	
		_	ents and	ъ .			ank for the							
	ا	nairn	naın of M&I	вапк			nanager for ncome port			ment fix	xea			
							elationship			out at a	_{an} I			
							rm's length						<u></u>	
Frederick Kuester	F	reder	ıck ıs on th	e			VE Energies	prov	ıde th	ne			Νo	
			of Regents				rganızatıon			_	and			
			ent & CEO	of WE			lectrical re							
	E	nergi	es				elationship irm's length			out at a	in			
						-	iiiii s ieliyli	ı mail	1161				1	
	-+										-			
	- 1				I	- 1								

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Milwaukee School of Engineering

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization

Employer identification number 30-0477070

Pa	rt I Types of Property				39-04//9/0			
	,, ,	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de reven	etermi	nıng	
1	Art-Works of art	аррпсавіе		I I I				
	Art—Historical treasures .							
	Clothing and household							
,	goods	X		11,223	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .	X	1	5,500	FMV			
21	Taxidermy							
	Historical artifacts							
	Scientific specimens							
24	Archeological artifacts							
	Computer		2	29,549	EMV			
25	Other (describe <u>Equipment</u>) Pneumatic	X	2	29,549	FI*I V			
26	Other (describe <u>Trainer</u>)	X	1	10,383	FMV			
	Software &			·				
27	Other (describe <u>License</u>)	Х	1	6,800	FMV			
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement			ar for contributions for	29			
							Yes	No
30a	During the year, did the organizathold for at							
	least three years from the date of			not required to be used for a	exempt purposes			N1 -
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangeme	ent in Part I	I					
31	Does the organization have a gif	•		•		31		No
∍∠a	Does the organization hire or use contributions?	e tnira parti	es or related organizations			32a		Νo
ь	If "Yes", describe in Part II							
	If the organization did not report checked, describe in Part II	revenuesı	n Column (c) for a type of p	property for which Column (a	ı) ıs			
	checked, describe ill Fait II							

Part II Supplemental Infor 32b, and 33. Also com	mation. Complete this part to property of the property of the part for any additional	ovide the information required by Part I, lines 30b, information.
Identifier	ReturnReference	Explanation
240111111	Notal III Colored	Explanation
	1	1

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As Filed Data -

DLN: 93493130011400

SCHEDULE 0

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 No 1545-0047

Open to Public Inspection

	Employer identification number
Milwaukee School of Engineering	39-0477970

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	Research and grants, contributions from donors for school support, investment activity of school assets, all contributing to the educational mission of the school Expenses \$ 13817833 including grants of \$ 0 Revenue \$ 4342438

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A copy of the filed Form 990 is provided to the Audit and Finance Committee of the Board of Regents for their review

ldentifier	Return Reference	· I Fxplanation								
Form 990, Part VI, Section B, line 12c		A copy of the policy must be read by all employees and signed, indicating their understanding of the policy. They are also required to report any potential conflict based on the policy's definitions. All employees must return their reports to the Human Resource Department who presents them to the CFO for review and interpretation. It is a condition of employment to respond to the policy annually, therefore, 100% response is accomplished.								

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

Software ID: Software Version:

EIN: 39-0477970

Name: Milwaukee School of Engineering

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa												
	(C) Position (check all that apply)								(E)	(F)		
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations		
terry anderson , board of regents	1 00	Х						0	0	0		
michael barber , board of regents	1 00	Х						0	0	0		
jack blank , board of regents	1 00	Х						0	0	0		
allen carlson , board of regents	1 00	Х						0	0	0		
michael cudahy , Board of regents	1 00	Х						0	0	0		
curt culver , board of regents	1 00	Х						0	0	0		
george dalton , board of regents	1 00	Х						0	0	0		
willie davis , board of regents	1 00	Х						0	0	0		
clyde denton , board of regents	1 00	Х						0	0	0		
dwight dierks , board of regents	1 00	Х						0	0	0		
davıd doerr , board of regents	1 00	Х						0	0	0		
susan feith , board of regents	1 00	Х						0	0	0		
eckhart grohmann , board of regents	1 00	Х						0	0	0		
thomas hauske jr , board of regents	1 00	Х						0	0	0		
robert hillis , board of regents	1 00	Х						0	0	0		
rıchard jacobus , board of regents	1 00	Х						0	0	0		
frank jaehnert , board of regents	1 00	Х						0	0	0		
robert kern , board of regents	1 00	Х						0	0	0		
james klauser , board of regents	1 00	Х						0	0	0		
frederick kuester , board of regents	1 00	Х						0	0	0		
craig leipold , board of regents	1 00	Х						0	0	0		
gerald lestina , board of regents	1 00	Х						0	0	0		
John mellowes , board of regents	1 00	Х						0	0	0		
scott moon , board of regents	1 00	Х						0	0	0		
george prescott , board of regents	1 00	Х						0	0	0		
agustın ramırez , board of regents	1 00	Х						0	0	0		
alan ruud , board of regents	1 00	Х						0	0	0		
larry schotz , board of regents	1 00	Х						0	0	0		
loraine schuffler , board of regents	1 00	Х						0	0	0		
john shiely , Vice-chairman	1 00	Х						0	0	0		

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
		Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
john splude , board of regents	1 00	Х						0	0	0
brıan stark , board of regents	1 00	Х						0	0	0
timothy sullivan , Board of regents	1 00	Х						0	0	0
JOHN TORINUS jr , board of regents	1 00	X						0	0	0
mark train , board of regents	1 00	Х						0	0	0
david uihlein jr , board of regents	1 00	Х						0	0	0
wıllıam van dyke ııı , board of regents	1 00	X						0	0	0
robert wagner , board of regents	1 00	Х						0	0	0
kerry woody , board of regents	1 00	X						0	0	0
JAMES WIGDALE , Board of regents	1 00	Х						0	0	0
ROBERT ARZBAECHER , Board of regents	1 00	×						0	0	0
J MICHAEL BORDEN , Board of regents	1 00	Х						0	0	0
FRED LUBER , Board of regents	1 00	Х						0	0	0
Paul Luber , Board of Regents	1 00	Х						0	0	0
John L Cain , Board of Regents	1 00	Х						0	0	0
John E Duncan , Board of Regents	1 00	Х						0	0	0
James D Ericson , Board of Regents	1 00	X						0	0	0
Jay V Loewı , Board of Regents	1 00	Х						0	0	0
Carl R Marschke , Board of Regents	1 00	X						0	0	0
Kathy Ruehlow , Board of Regents	1 00	Х						0	0	0
Wolfgang A Schmidt Ph , Board of Regents	1 00	×						0	0	0
Gary A Stimac , Board of Regents	1 00	Х						0	0	0
Hermann Viets PhD , President	50 00			Х				311,667	0	134,291
frank habıb , VP-Development	50 00			Х				195,833	0	28,275
armund janto , VP-finance	50 00			Х				189,698	0	27,605
roger frankowski , VP-A cademics	50 00			Х				164,416	0	10,422
patrick coffey , VP-Student Life	50 00			Х				111,083	0	26,188
Tım Valley , Vıce President	50 00			Х				132,607	0	27,031
ronald gerrits , professor	40 00					Х		146,686	0	9,638
Jim Blank , Administration	40 00					Х		138,107	0	27,658

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) A verage hours per week	tion a Institutional Trustee	ched	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Jeff Blessing , Professor	40 00			Х		139,998	0	23,892
Owe Peterson , Faculty Chair	40 00			Х		136,926	0	24,660
David Hall , Trainer	40 00			Х		220,750	0	32,742

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

The Milwaukee School of Engineering's mission is to provide a balanced education in technical and nontechnical areas for men and women in the disciplines of engineering, engineering technology, management systems, business, nursing and technical communication. The university is accredited by the North central Association of Colleges and Schools and offers bachelor's degree, master's degree, and certificate programs.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The Milwaukee School of Engineering's mission is to provide a balanced education in technical and nontechnical areas for men and women in the disciplines of engineering, engineering technology, management systems, business, nursing and technical communication. The university is accredited by the North central Association of Colleges and Schools and offers bachelor's degree, master's degree, and certificate programs.