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DLN: 93493039009800

# Form **990**

# **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)

2008

OMB No 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

A Fo	r the 2	2008 ca	lendar yea	r, or tax year beginning 07-01-2008	and ending 06-30-200	)9		
B Ch	eck ıf a <sub>l</sub>	pplicable	Please	C Name of organization Lawrence University of Wisconsin			D Employer ide	ntification number
<b>▼</b> Add	dress ch	ange	use IRS label or	·			39-080629	
┌ Na	me chai	nge	print or	Doing Business As			E Telephone nu	mber
┌ Init	tıal retui	rn	type. See Specific	Number and street (or P O box if mail		\ D /	(920) 832-6	540
_	mınatıo		Instruc- tions.	711 E Boldt Way	is not delivered to street addr	ess) Room/suite	G Gross receipt	<b>s</b> \$ 97,659,266
☐ Am	ended i	return		City or town, state or country, and ZIP Appleton, WI 54911	+ 4			
Г Арі	plication	pending		Appleton, WI 343II				
			F Nar	ne and address of Principal Officer		H(a) Is th	nis a group return	for
			Brian R				ates?	⊤Yes <b>▽</b> No
				Boldt Way on, WI 54911		11/63 4	II -6611-4 !lo-d-	
I Ta	x-exem	pt status		) ( 3 ) ◀ (insert no )	<b>□</b> 527	1 ' '	ill affiliates include	d?   Yes   No See instructions )
1 \	ob cit	<b></b>	w lawrence	odu			up Exemption Nur	
, w	CD SIL	e. F *****	wiawience	edu		11(0)		
<b>К</b> Тур	e of org	janization	Corporat	ion trust association other 🕨		<b>L</b> Year of F	ormation 1847 M s	State of legal domicile WI
Pa	rt I	Sum						
				e organization's mission or most si				
ጵ		TO PRO	OVIDEAH	IGH QUALITY, LIBERAL ARTS ED	DUCATION AND SOUNI	O CAREER PE	REPARATION TO	ITS STUDENTS
Ě								
Ě								
Governance	2	Check t	this box 🦵	ıf the organization discontinued its	operations or disposed	of more than ?	25% of its assets	
	3	Number	r of voting r	nembers of the governing body (Pa	rt VI, lıne 1a)		. з_	33
Activities &	4	Number	r of ındepen	dent voting members of the govern	iing body (Part VI, line 1	b)	. 4_	31
ĕ	5	Total nu	umber of en	nployees (Part V , line 2a)			5 _	2,023
톭	6	Total nu	umber of vo	lunteers (estimate if necessary)			6 _	0
ĕ	7a	Total gr	ross unrela	ted business revenue from Part VII	II, line 12, column (C)		7a _	35,752
	ь	Net unr	elated busi	ness taxable income from Form 99	0-T, line 34		7b	-1,414
						Pri	ior Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1h)		20,889,989	14,291,593	
율	9	Progra	ım service	revenue (Part VIII, line 2g)		52,819,172	58,771,946	
Revenue	10	Invest	ment incor	ne (Part VIII, column (A), lines 3,		45,733,257	3,733,611	
ä	11	Other	revenue (P	art VIII, column (A), lines 5, 6d, 8	c, 9c, 10c, and 11e)		274,647	376,679
	12	Total	revenue—a	dd lines 8 through 11 (must equal f	Part VIII, column (A), lır	ne		
		12)					119,717,065	77,173,829
	13			ar amounts paid (Part IX, column (A			16,791,486	19,196,790
	14		•	or for members (Part IX, column (A)				0
92	15	Saları 10)	es, other co	ompensation, employee benefits (Pa	art IX, column (A), lines	5-	30,871,807	32,103,660
136	16a	•	sional fund	raising fees (Part IX, column (A), li	ne 11e)		00,012,001	0
Expenses	l .							
Δ	b	,	_	penses, Part IX, column (D), line 25 $\frac{2,530}{1}$	,		22.007.467	22.720.622
	17			(Part IX, column (A), lines 11a-11			23,897,467	23,730,632
	18			add lines 13-17 (must equal Part			71,560,760	75,031,082
- 07 to 07	19	keven	ue iess exp	penses Subtract line 18 from line 1	. 4		48,156,305	2,142,747
නු ඇ වි						Beginr	ning of Year	End of Year
SSe.	20		•	t X, line 16)			361,122,420	302,931,450
Net Assets or Fund Balances	21	Totall	iabilities (F	Part X, line 26)			78,166,182	67,460,183
	22			d balances Subtract line 21 from l	ine 20		282,956,238	235,471,267
Pai	rt II	Sign	ature Blo	ock				
				rjury, I declare that I have examined this correct, and complete Declaration of prepa				
Plea		1.		correct, and complete Declaration of prepa	ilei (otilei tilali officei) is bas	1		i nas any knowledge
Sigr		**** Sign:	ature of office	21		2010   Date	0-02-08 e	
Here		l vp.	f Duamaga an	d Operations VD Of Business and Operation	•			
			e or print nam	d Operations VP Of Business and Operation e and title	5			
		r	<b>.</b>		Date	Check If	Preparer's PTIN (	See Gen Inst \
D-!-!		Preparer signature		Marine CPA	2010-02-04	self-	-	occ och mist )
Paid	- II -					empolyed 🕨		
Use (	arer's		ame (or yours nployed),	BAKER TILLY VIRCHOW KRAUSE LLP			EIN Þ	
use (	Uniy		and ZIP + 4	115 South 84th Street Suite 400				
				Milwaukee, WI 53214			Phone no 🕨 (4:	14) 777-5500
May	the IR	S discus	s this retu	rn with the preparer shown above?	(See instructions)			▼ Yes

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

<b>1</b> See Ad	Briefly describe the organization's mission diditional Data Table				
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .	ignificant program s	ervices during the year	which were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?		t changes in how it cor	nducts any program	┌ Yes ┌ No
4	If "Yes," describe these changes on S Describe the exempt purpose achiev Section 501(c)(3) and (4) organization others, the total expenses, and rever	ements for each of t ons and 4947(a)(1)	trusts are required to r	eport the amount of grants	
4a	(Code ) (Expenses of Provide liberal arts instruction to 1503 univer also calls for the focused study of a single at Lawrence education, then, results from considered university conservatory of music, exclusively to the education of undergradual and teachers prides itself on the individual at	ersity students Lawrence irea of knowledge Within sidered choices The colle now in its second century ites within a distinguished	n this general framework, th ge provides ample room for of educating students for c I college of the liberal arts a	ne student exercises wide latitude r such choices and encourages stu careers in music, is a nationally re and sciences. A superb faculty of	atters and intellectual approaches It is in building a course of study. A udents to exercise them boldly. The ecognized conservatory devoted performers, composers, scholars,
4b	(Code ) (Expenses : PROVIDE FOOD SERVICE AND HOUSING TO		including grants of \$	) (Revenue \$	8,717,807 )
4c	(Code ) (Expenses s Provide students with services such as musi		including grants of \$ nvolvement, residential life,	) (Revenue \$ counseling, health center, and m	680,955 ) nulticultural affairs
	(Code ) (Expenses s	\$ 4,079,060	ıncludıng grants of \$	) (Revenue \$	2,274,170 )
4d	Other program services (Describe (Expenses \$	in Schedule O) including grants o		) (Revenue \$	)
4e	Total program service expenses \$	63,827,20		Line 25, column (B).	/
	· F · - 3 · - · · · · · · · · · · · · · · ·	,		——, ——, · · · · · · · · · · · · · · · ·	

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
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 V	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	Yes	
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	Yes	
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? If "Yes," complete Schedule F, Part II	15		No
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		N o
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
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	Yes	
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		Νο
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		Νο
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		No
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	Yes	

## Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	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
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
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	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
3	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		No
4	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	Yes	
5	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		No
6	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		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Ра	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			
	1a 2,233			
b	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	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 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 CJ , EI			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N o
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		Νo
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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		Νο
d	file Form 8282?			110
_	In rest, mareate the number of forms of of med during the year 1 1 1 1			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	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.	Governing	Body and	Management	

			165	140			
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.						
1a	Enter the number of voting members of the governing body 1a 33						
Ь	Enter the number of voting members that are independent 1b 31						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo			
6	Does the organization have members or stockholders?	6		No			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο			
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
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		Νo			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 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 filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes				
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No			

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	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		Νο
b	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		

#### Section C. Disclosure

- f 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
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of 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

ANGELA LOM 711 E Boldt Way Appleton, WI 54911 (920) 832-6540

# 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		<b>(C)</b> Position (check all that apply)							(5)	(F)
(A) Name and Title	(B) Average 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)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

### Part VII Continued

		<b>(C)</b> Position (check all that apply)							(E)	(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		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	
						<u> </u>					
						$\vdash$	$\vdash$				
						-					
1b Total					<u> </u>		┝	1,540,512	2 0	168,770	
2 Total number of individuals (including							n <b>\$</b> 1		I .	<u> </u>	

compensation from the organization▶8

			Yes	No				
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee							
	on line 1a? If "Yes," complete Schedule J for such individual	3	Yes					
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related 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 I for such person	-						
	remarks to the enganization 17 /ee/ compress conceanes /e/ cash percent	5		Νo				

### **Section B. Independent Contractors**

from the organization .

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		
UIHLEINWILSON ARCHITECTS  322 EAST MICHIGAN STREET Suite 400 MILWAUKEE, WI 532025005  Design & Architectural Services				
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation			

Statement of Revenue

					(A) Total Revenue	<b>(B)</b> Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a					
表表	ь	Membership d	ues					
豆豆			1b					
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	vents <b>1c</b>					
££ #E	d	Related organ	ızatıons1d					
% <u>≡</u>	e		nts (contributions) 1e	989,373				
ું કે હ	f	All other contribut	tions, gifts, grants, and	13,302,220	ł			
돌호	•	sımılar amounts r	not included above					
<u>= = = = = = = = = = = = = = = = = = = </u>	g	Noncash cont	<b>1f</b> ributions included in					
ΣĒ		lines 1a-1f \$						
O 10	h		es 1a-1f)	[	14,291,593			
				Business Code				
en	2a	TUITION AND FEE	≣S .	611,710	56,396,802	56,396,802		
wen	ь	AUXILIARY ENTER	RPRISE	611,710	2,274,170	2,274,170		
윤	c	EVENTS		611,710	100,974	100,974		
AC 6	d			011,710	100,574	100,974		
泵								
É	e							
Program Serwce Revenue	f	All other prog	ram service revenue					
<u>&amp;</u>	g	Total. Add line ► \$ 58,771,94	es <b>2a-2f</b>					
	3	Investment ın	come (including divi	dends, interest				
		other sımılar a	amounts)		4,117,128			4,117,128
	4	Income from inve	estment of tax-exempt be	ond proceeds				
	_			▶				
	5	Royalties .	(·) D = -1	· · · · ·				
	6a	Gross Rents	(ı) Real 28,904	(II) Personal				
	ь	Less rental						
		expenses Rental income	28,904					
	С	or (loss)	28,904					
	d	Net rental inc	ome or (loss)		28,904		7,490	21,414
			(ı) Securities	(II) O ther				
	7a	Gross amount	20,088,605	600				
		from sales of assets other						
	ь	than inventory Less cost or	20,472,722					
		other basis and sales expenses	,,,,					
	с	Gain or (loss)	-384,117	600				
	d	Net gain or (lo	ss)		-383,517			-383,517
	8a		from fundraising	. ▶				
	Ou .	events (not in	_					
άu		т	8,262					
Ē		of contribution 1c) See Part	ns reported on line IV . line 18					
eve eve		Attach Schedul	e G ıf total exceeds					
č		\$15,000	а					
Other Revenue	ь		xpensesb	12,715				
ᅗ	С	Net income or	(loss) from fundrais	ıng events ►	25,547			25,547
	9a	Gross income						
		activities See	e part IV , line 19 dule G if total					
		exceeds \$15,00						
			а					
	b		xpensesb					
	С	Net income or	(loss) from gaming a	activities <b>&gt;</b>				
	10a	Gross sales o returns and al	fınventory, less lowances .	-				
			а					
	b		goods sold b					
	С		(loss) from sales of					
		Miscellaneou		Business Code 611,710	183,796	155,534	20.262	
	11a	MISCELLANE		·	·			
	ь	SUMMER CAN	MPS	611,710	72,838	72,838		
	С	ACADEMICS		611,710	25,531	25,531		
	d	All other reve	nue		40,063	38,730		1,333
	e	Total. Add line	es 11a-11d					
	12	Total Pavano	a. Add lines 1h, 2g, 3	\$ 322,228	77,173,829	59,064,579	35,752	3,781,905
	12	8c,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	33,004,373	33,732	5,,51,505
		9c, 10c, and 1	l1e	. ►				

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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	19,196,790	19,196,790						
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	1,444,058		1,444,058					
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	24,365,513	20,914,176		1,755,804				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,476,696	1,152,455	221,028	103,213				
9	Other employee benefits	3,080,522	971,896	2,041,850	66,776				
10	Payroll taxes	1,736,871	1,408,531	208,055	120,285				
11	Fees for services (non-employees)								
а	Management								
b	Legal	114,686	96	114,590					
С	Accounting	96,277		96,277					
d	Lobbying								
e	Professional fundraising See Part IV, line 17				_				
f	Investment management fees								
g	Other	876,828	580,608	178,666	117,554				
12	Advertising and promotion	168,491	45,029	114,627	8,835				
13	Office expenses	1,214,286	1,137,940	49,967	26,379				
14	Information technology	61,526	61,526						
15	Royalties				_				
16	Occupancy	2,770,965	2,554,407	212,894	3,664				
17	Travel	1,389,365	935,338	269,155	184,872				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials								
19	Conferences, conventions and meetings	70,767	56,327	8,068	6,372				
20	Interest	2,547,411	2,483,043	64,368					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	5,489,824	5,164,266	325,558					
23	Insurance	613,561	112,246	501,315					
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )								
а	Tuition expenses	2,480,003	2,480,003						
ь	Cost of Sales	1,667,094	1,666,876	181	37				
c	Repairs and Maintenance	1,490,084	1,466,830	12,342	10,912				
d	Miscellaneous	1,121,138	327,280	763,063	30,795				
e	Memberships	365,142	165,519	191,096	8,527				
f	All other expenses	1,193,184	946,020	160,615	86,549				
25	Total functional expenses. Add lines 1 through 24f	75,031,082	63,827,202	8,673,306	2,530,574				
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>(B)</b> End of year
	1	Cash—non-interest-bearing				5,431,909	1	1,752,957
	2	Savings and temporary cash investments		18,186,202	2	2,572,852		
	3	Pledges and grants receivable, net		15,150,592	3	12,008,661		
	4	Accounts receivable, net				1,845,381	4	458,115
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L			loyees or		5	
	6	Receivables from other disqualified persons (as defined under persons described in section 4958(c)(3)(B) Complete Part II of	section	n 49!			6	
	7	Notes and loans receivable, net				4,952,689	7	5,454,952
	8	Inventories for sale or use			•	225,890	8	307,734
20	9	Prepaid expenses and deferred charges				330,333	9	187,349
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	I	209,007,358			
*	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b		96,209,698		10c	112,797,660
	11	Investments—publicly traded securities		<u> </u>		176,399,414		130,414,532
	12	Investments—other securities See Part IV, line 11 Complete Schedule D	Part VI.	I of		37,123,853	12	33,571,345
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D .	Part VI	II			13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		3,255,246	15	3,405,293		
	16	Total assets. Add lines 1 through 15 (must equal line 34)				361,122,420	16	302,931,450
	17	Accounts payable and accrued expenses .		8,677,838	17	8,109,502		
	18	Grants payable			18			
	19	Deferred revenue				1,154,531	19	1,013,584
	20	Tax-exempt bond liabilities				52,784,943	20	48,886,334
<u>í</u>	21	Escrow account liability					21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third partie	s .			6,399,711	23	
	24	Unsecured notes and loans payable					24	
	25	Other liabilities Complete Part X of Schedule D		9,149,159	25	9,450,763		
	26	<b>Total liabilities.</b> Add lines 17 through 25				78,166,182	26	67,460,183
seo		Organizations that follow SFAS 117, check here ► ✓ and com through 29, and lines 33 and 34.	plete l	lines	27			
Balance	27	Unrestricted net assets				82,809,155	27	28,570,270
Ba	28	Temporarily restricted net assets				71,023,953	28	72,922,679
됟	29	Permanently restricted net assets		129,123,130	29	133,978,318		
or Fund		Organizations that do not follow SFAS 117, check here ► □ a lines 30 through 34.	e					
	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31			
	32	Retained earnings, endowment, accumulated income, or other f			32			
Net	33	Total net assets or fund balances		282,956,238	33	235,471,267		
_	34	Total liabilities and net assets/fund balances	•			361,122,420	34	302,931,450
Pa	rt XI	Financial Statements and Reporting						

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and 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		Νo
b	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	
3а	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: 93493039009800

Employer identification number

OMB No 1545-0047

#### **SCHEDULE A Public Charity Status and Public Support** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Lawrei	nce Uni	versity of Wisco	onsin								
_									-080629		
	rt I			harity Status (to be con					Instruct	ions)	
	organiz	zation is not a private foundation because it is (Please check only <b>one</b> organization)									
1	 	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).									
2	<u> </u>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	<u> </u>		A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H)								
4	ı			zation operated in conjuncti	on with a h	hospital d	escribed ii	n Section :	170(b)(1)	( <b>A</b> )(iii). E	nter the
	_	•	name, city, and								
5		An organiza	atıon operated f	or the benefit of a college or	university	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )							
6	Г	A federal, s	state, or local go	overnment or governmental	unıt descr	ibed in <b>Se</b>	ct ion 170(	(b)(1)(A)	(v).		
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a govei	rnmental u	ınıt or fron	n the gene	eral public
		described i	n Section 170(b	<b>))(1)(A)(vi)</b> (Complete Par	tII)						
8	Γ	A communi	ity trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	plete Par	tII)				
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontribution	ıs, membe	rship fees	s, and gross
		receipts fro	om activities rel	ated to its exempt functions	—subject	to certair	exceptio	ns, and (2	) no more	than 331/	'3% of
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	() from bu	sinesses
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III	)		
10	$\sqcap$	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See <b>Se</b>	ct ion 509(	( <b>a)(4).</b> (Se	ee instruc	tions )
11	$\sqcap$	An organiza	atıon organızed	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
				orted organizations describe						Section 5	<b>09(a)(3).</b> Check
			it describes the ype I <b>b</b>	type of supporting organiza			nes 11e t nally Integ		h <b>d</b>	□ Type	III - Other
e	$\vdash$		• •	rtify that the organization is							
-	,	•		agers and other than one or			•			•	•
		section 50				,					( . / ( . / )
f		_		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organizatio <u>n,</u>
		check this						6.11			
g		following pe		as the organization accepted	d any gift (	or contrib	ution from	any of the	<b>!</b>		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
			•	ng body of the the supported		_	·		. ,	11g	<del></del>
				erson described in (i) above	_					11g(	<del></del>
			•	ty of a person described in (		bove?				11g(	
h				nation about the organizatio			supports				
			J	j		•					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
	Supp	orted		(described on lines 1-9	organiz	atıon ın	the orga	nızatıon	organiz	atıon ın	support?
	O rgan	ıızatıon		above or IRC section	col <b>(i)</b> l		•	) of your		rganized	
				(See Instructions))	your go	_	supp	ort?	In the	US?	
		document? Yes No Yes N		No	Yes	No	1				
					Yes	No	res	NO	res	No	

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>(b)</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					<del> </del>		
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>(b)</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 <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
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 <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
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				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
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	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	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>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 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>(b)</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 <b>stop here</b>						<b>▶</b> □
	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	
			•	.orumin (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	<b>Supplemental Information.</b> 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

# Software ID: Software Version:

**EIN:** 39-0806297

Name: Lawrence University of Wisconsin

### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		Posit t	(C tion ( hat a	chec		I			(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
EDITH ANDREW , TRUSTEE	1 00	Х						0	0	0
ROBERT A ANKER , TRUSTEE	1 00	Х						0	0	0
WILLIAM J BAER , TRUSTEE	1 00	Х						0	0	0
DR PETER R BETZER , TRUSTEE	1 00	Х						0	0	0
OSCAR C BOLDT , TRUSTEE	1 00	Х						0	0	0
RENEE SUZANNE BOLDT , TRUSTEE	1 00	Х						0	0	0
DOUGLAS A BRENGEL , TRUSTEE	1 00	Х						0	0	0
ROBERT C BUCHANAN , TRUSTEE	1 00	Х						0	0	0
MICHAEL P CISLER , TRUSTEE	1 00	Х						0	0	0
JOHN H ELLERMAN , TRUSTEE	1 00	Х						0	0	0
SUSAN FEITH , TRUSTEE	1 00	X						0	0	0
J TERRENCE FRANKE , TRUSTEE	1 00	Х						0	0	0
WILLIAM O HOCHKAMMER, TRUSTEE	1 00	Х						0	0	0
CATHERYN E HOEHN , TRUSTEE	1 00	Х						0	0	0
MRS JOHN C KANE JR , TRUSTEE	1 00	Х						0	0	0
THOMAS C KAYSER , TRUSTEE	1 00	X						0	0	0
DAVID N KNAPP , TRUSTEE	1 00	Х						0	0	0
HARRY M JANSEN KRAEMER , TRUSTEE	1 00	Х						0	0	0
LEWIS C LOFGREN , TRUSTEE	1 00	Х						0	0	0
CORY L NETTLES , TRUSTEE	1 00	Х						0	0	0
OVERTON B PARRISH JR , TRUSTEE	1 00	Х						0	0	0
ROBERT F PERILLE , TRUSTEE	1 00	Х						0	0	0
DWIGHT A PETERSON , TRUSTEE	1 00	Х						0	0	0
JEFFREY D RIESTER , TRUSTEE	1 00	Х						0	0	0
CHARLES D SAUNDERS , TRUSTEE	1 00	Х						0	0	0
ROBERT J SCHAUPP , TRUSTEE	1 00	Х						0	0	0
DALE R SCHUH , TRUSTEE	1 00	Х						0	0	0
CHARLOT NELSON SINGLETON , TRUSTEE	1 00	Х						0	0	0
CYNTHIA STIEHL, TRUSTEE	1 00	X						0	0	0
MARGY UPTON TRUMBULL, TRUSTEE	1 00	Х						0	0	0

Form 990, Part VII - Section Aaa

			(C) Position (check all that apply)						(E)	(F)	
<b>(A)</b> 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	
STEPHANIE H VRABEC , TRUSTEE	1 00	Х						0	0	0	
PRISCILLA PETERSON WEAVE , TRUSTEE	1 00	X						0	0	0	
Sara Schmidt Agritelley , TrusTEE	1 00	Х						0	0	0	
DAVID BURROWS , Dean of Faculty	40 00			Х				141,307	0	17,408	
Steven Syverson , Dean of Admissions & FA	40 00			х				130,067	0	11,891	
Nancy Truesdell , Dean of Students	40 00			Х				96,984	0	14,550	
Jıll Beck , President	40 00			Х				302,332	0	32,529	
Brian Pertl , DEAN OF CONSERVATORY	40 00			Х				151,834	0	22,216	
BRIAN RISTE , VP FOR BUSINESS AND OPER	40 00			х				146,427	0	19,285	
CALVIN HUSMANN , VP FOR DEVELOPMENT & ALU	40 00			х				162,070	0	24,051	
Dawn Rost , Director of Financial Se	40 00			Х				95,254	0	455	
David Becker , Prof-music	40 00					Х		103,354	0	9,366	
FREDERICK STURM , PROF-MUSIC	40 00					Х		114,429	0	14,717	
LORI GLYNN , Former Controller	40 00						Х	96,454	0	2,302	

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

Lawrence University of Wisconsin, through its undergraduate residential college and conservatory of music, educates students in the liberal arts and sciences. The university is devoted to excellence and integrity in all of its activities and committed to the development of intellect and talent, the pursuit of knowledge and understanding, the cultivation of sound judgment, and respect for the perspectives of others. Lawrence prepares students for lives of achievement, responsible and meaningful citizenship, lifelong learning, and personal fulfillment. As a learning community of scholars and artists we engage each other in a transformative process that emphasizes individualized learning, supported by an environment of rich educational opportunities in a residential campus setting.

As Filed Data

DLN: 93493039009800

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

**Supplemental Financial Statements** 

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Employer identification number** Name of the organization Lawrence University of Wisconsin 39-0806297 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of

- art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

**►** \$

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

3	Using the organization's accession and othe								ontinuea)
•	items (check all that apply)	records, check any	01 (1	10 101	iowing that e	ire a significant	ase of its conecti	OII	
а	Public exhibition		d	Г	Loan or ex	change program	ıs		
b	Scholarly research		e	Γ	Other				
c	✓ Preservation for future generations								
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	w the	y further the	organization's e	exempt purpose ır	1	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							- Yes	√ No
Pa	Trust, Escrow and Custodial A Part IV, line 9, or reported an an					janization ans	wered "Yes" to	Form 9	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributions	or other assets	not [	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	e						
							A me	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete	f the organization (a)Current Year		)Prior				(a)Eour V	ears Back
1a	Beginning of year balance	216,465,646	(1	PHOL	rear (c)	TWO TEATS BACK (	JITIIIee Tears back	(e)rour t	ears back
ь	Contributions	5,301,420							
c	Investment earnings or losses	-42,119,786							
d	Grants or scholarships	· · ·							
e	Other expenditures for facilities	11,150,000							
	and programs								
f	Administrative expenses								
g	End of year balance	168,497,280							
2	Provide the estimated percentage of the yea	r end balance held a	S						
а	Board designated or quasi-endowment 🕨	30 000 %							
b	Permanent endowment 🕨								
c	Term endowment ► 70 000 %								
3а	Are there endowment funds not in the posses organization by	ssion of the organiza	tıon	that	are held and	administered fo	r the	Yes	No
	(i) unrelated organizations						3a(i		<del>                                     </del>
	(ii) related organizations		•				3a(ii		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the						<u>3b</u>	Yes	<u> </u>
	rt VI Investments—Land, Buildings					Part V line 10			
144	tvi investments—Land, buildings	s, and Equipmen	1t. J		Cost or other	(b)Cost or other			
	Description of investment				s (investment)		(c) Depreciation	( <b>d)</b> Bo	ook value
	Land					3,149,87	7		3,149,876
	Buildings		•			126,410,97	56,982,093	(	59,428,881
	Leasehold improvements		•	<u></u>					
	Equipment		•			48,755,78			9,528,178
	Other	OOO Best V select		\	10(-) )	30,690,72	<u> </u>		30,690,725
TOTE	II. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colum	ın (B,	i, iine	10(C).) .		► Schedule D		12,797,660

(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
inancial derivatives and other financial products		Cost of Cital of year market value
Closely-held equity interests		
Other VENTURE CAPITAL	33,571,345	
otal. (Column (b) should equal Form 990, Part X, col (B) line 12 )	33,571,345	
	_	
art VIII Investments—Program Related. See	e Form 990, Part X, line :	
(a) Description of investment type	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Part IX Other Assets. See Form 990, Part X, lin	e 15.	
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
<b>Other Liabilities.</b> See Form 990, Part X  (a) Description of Liability	, line 25. ( <b>b)</b> A mount	
ederal Income Taxes	(D) Amount	
OSTRETIREMENT OBLIGATIONS	2,305,944	
JS GOVERNMENT GRANTS REFUNDABLE		
	1,650,415	
NNUITIES PAYABLE	1,743,035	
ASSET RETIREMENT OBLIGATIONS	3,586,003	
DUE TO MEMBERS	165,366	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )		
ourai, ccommin con snome eman form 990.Part X. COLLB) line 25 ) 🔈 🖼	9,450,763	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	77,173,829
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	75,031,082
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,142,747
4	Net unrealized gains (losses) on investments	4	-48,230,109
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,397,609
9	Total adjustments (net) Add lines 4 - 8	9	-49,627,718
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-47,484,971
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	8,395,924
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-68,824,508
3	Subtract line <b>2e</b> from line <b>1</b>	3	77,220,432
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	-46,603
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	77,173,829
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	55,880,895
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
Ь	Prior year adjustments		
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	_	
е -	Add lines 2a through 2d	2e	46,603
3	Subtract line 2e from line 1	3	55,834,292
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Ь	Other (Describe in Part XIV)	_ ا	10.105
с -	Add lines 4a and 4b	4c	19,196,790
5 Dog	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	75,031,082
ĿСП	t XIV Supplemental Information		

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

Identifier Return Reference Explanation

**Employer identification number** 

## OMB No 1545-0047

2008

Open to Public Inspection

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

**Schools** 

Lawrence University of Wisconsin 39-0806297 YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain 3 Yes GENERAL POLICY IS INCLUDED IN ALL SUBSTANTIVE PUBLICATIONS DISTRIBUTED Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d 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 separate statement) Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either 6a or b, please explain using an attached statement 🧈 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation

As Filed Data -

DLN: 93493039009800

2008

OMB No 1545-0047

**SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**Statement of Activities Outside the United States** 

Open to Public **Inspection** 

	ne of the organization					Employer ide	ntification number
Law	rence University of Wisco	nsın				39-080629	7
Pa		rmation on Ac 990, Part IV, lır		ide the United States	s. Complete	e if the organ	nization answered
1		•		records to substantiate	the amount	of the grant	s or
	_	_		assistance, and the se		_	
	the grants or assistar	nce					┌ Yes ┌ No
2	<b>For grant makers.</b> Descr United States	ibe in Part IV the	organization's pr	rocedures for monitoring th	ne use of gra	nt funds outsid	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf ad	ditional space is needed )			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sı	ty listed in (d) am service, pecific type of s) in region	(f) Total expenditures in region
Lon	don England	1	1	Program Services	Off Campus Experience	Educational	497,852
		4	1				407.953

(a) Name of organization	(b) IRS code section and EIN (if applicable)	itional space is ne	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	( <b>g)</b> A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	<del>-</del>							
			cognized as charities			e grantee or counse	el . ►	

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

**Software Version:** 

**EIN:** 39-0806297

Name: Lawrence University of Wisconsin

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraısal, other)
--------------------------	--	-------------------------	------------------------------	------------------------------------	---	--	--

As Filed Data -

DLN: 93493039009800

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(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** 

						Inspection
Name of the organization					Employer iden	tification number
Lawrence University of Wiscons	sın				39-0806297	
Part I Fundraising Ac	rtivities Complet	e if the oi	rganizat	ion answered "Ves" i		line 17
<del></del> <del>-</del>	<u> </u>				·	, IIIC 17.
1 Indicate whether the orga	inization raised funds	through ar	ny of the			
<b>a</b> Mail solicitations <b>b</b> Email solicitations					non-government grants government grants	
c Phone solicitations				g Special fundrais	·	
d In-person solicitation	S			g , Special landrais	sing events	
<b>2a</b> Did the organization have or key employees listed ii			•	, ,		┌ Yes ┌ N
<b>b</b> If "Yes," list the ten higher to be compensated at least						
		(iii) Dıd			() ( + +	
(i) Name of Individual		contributions?		(iv) Gross receipts	(v) A mount paid to (or retained by)	(vi) A mount paid to
or entity (fundraiser)	(ii) Activity			from activity	fundraiser listed in	(or retained by) organization
				_	col (i)	organization
		Yes	No			
						<del>                                     </del>
				1		
Total			h-			

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

			(a) Event #1	<b>(b)</b> Event #2	(c) O ther Events	( <b>d)</b> To	tal Eve	
			Golf Outing (event type)	Tutti Music A cademy (event type)	(total number)		(c))	
<u>+</u>	1		18,262				3	8,262
þ	2	Gross receipts Less Charitable						
REVUIRIO	2	contributions						
	3	Gross revenue (line 1 minus line 2)	18,262	20,000			3	8,262
	4	Cash Prizes						
MIGGL INDENDED	5	Non-cash Prizes	735					73!
2	6	Rent/Facility costs						
י ל	7	Other direct expenses	8,427	3,553			1	1,980
į E	8	Direct expense summary Add line	es 4 through 7 in column	(d)			1.	2,715
נ	9	Net income summary Combine lir	-		🛌		2	5,547
ar	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or repo	orted moi	e thar	1
			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tota col (a) th		
ž	1	Gross revenue						
n D	2	Cash prizes						
	3	Non-cash prizes						
5 3	4	Rent/facility costs						
5	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
							Yes	No
_		er the state(s) in which the organiza he organization licensed to operate						
a b		No," Explain	gaining activities in each	Torthese states		• 9a		
_								
Da b		e any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	the tax year?	10a		
	'	,						
•								

			 <del></del>
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 <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
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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DLN: 93493039009800 OMB No 1545-0047

Department of the Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Open to Public

Schedule I

(Form 990)

Internal Revenue Service   Name of the organization						Employer ident	Inspection ification number
Lawrence University of Wiscons	sin					39-0806297	
Part I General Inform	nation on Gra	nts and Assistance	)			•	
<ul><li>Does the organization ma the selection criteria use</li><li>Describe in Part IV the or</li></ul>	d to award the grai	nts or assistance?					.  ▼Yes
Form 990, Part I Part IV and Scho	IV, line 21 for ar edule I-1 if addi	ny recipient that rece tional space is		00. Check this box	tes. Complete if the of the office of the of		
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of sec					•		

Enter total number of other organizations .

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships to students	1200	19,196,790		Book	

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

o o mantional pata Tapio								
Identifier Return Reference		Explanation						
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 Scholarship amounts are applied directly to student accounts after a thorough review of eligibility and selection criteria. The university has an experienced financial aid department that monitors the use of grant funds						

As Filed Data -

DLN: 93493039009800

OMB No 1545-0047

### **Schedule J** (Form 990)

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.

**Compensation Information** 

2008 Open to Public Inspection

Name of the organization Lawrence University of Wisconsin **Employer identification number** 

39-0806297

Ρā	<b>TIBLE</b> Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pr 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	▼	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	<b>▽</b>	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "		, , ,	1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2	Yes	
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t		·			
	Compensation committee		Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	<b> </b> ~	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ental non	iqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-l	pased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	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 payments not described in lines 5 and 6? If "Yes,"		, ,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			Q		No

### 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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(I)-(D)	<b>(F)</b> Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation			
DAVID BURROWS	(I) (II)	141,307				17,408	158,715	
Steven Syverson	(I) (II)	130,067				11,891	141,958	
Nancy Truesdell	(I) (II)	96,984				14,550	111,534	
Jill Beck	(I) (II)	302,332				32,529	334,861	
Brian Pertl	(I) (II)	151,834				22,216	174,050	
BRIAN RISTE	(I) (II)	146,427				19,285	165,712	
CALVIN HUSMANN	(I) (II)	162,070				24,051	186,121	
David Becker	(I) (II)	103,354				9,366	112,720	
FREDERICK STURM	(I) (II)	114,429				14,717	129,146	
LORI GLYNN	(I) (II)	54,682		41,772		2,302	98,756	
	(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
	Part I, Line 4a	The past controller was paid a severance upon her resignation in July, 2008. The President of the University is a participant in a 457(b)plan. An annual University contribution is determined and approved by the board of trustees.

Software ID: Software Version:

**EIN:** 39-0806297

Name: Lawrence University of Wisconsin

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

Form 990, Schedule 3, Part 11 - Officers, Directors, Trustees, key Employees, and Highest Compensated Employees								
(A) Name	(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	<b>(F)</b> 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	
DAVID BURROWS (1)					17,408	158,715		
Steven Syverson (1)					11,891	141,958		
Nancy Truesdell (1)					14,550	111,534		
Jill Beck (i)					32,529	334,861		
Brian Pertl (i)					22,216	174,050		
BRIAN RISTE (1)					19,285	165,712		
CALVIN HUSMANN (I)					24,051	186,121		
David Becker (1)					9,366	112,720		
FREDERICK STURM (1)					14,717	129,146		
LORI GLYNN (1)	54,682		41,772		2,302	98,756		

DLN: 93493039009800

Schedule K (Form 990)

## **Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

Open to Public Inspect ion

Department of the Treasury Internal Revenue Service Name of the organization

Lawrence University of Wisconsin

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.

Employer identification number

39-0806297 Bond Issues (Required for 2008) (h) 0 n Behalf of (g) Defeased (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No

No Wisconsin Health & Educational Facilities Authority 39-1337855 97710BGM8 02-26-2009 29,810,000 Various Buildings Χ Χ Wisconsin Health & Educational Facilities Authority 39-1337855 97710BGM8 08-21-2007 9,000,000 Various Buildings Χ Χ

Proceeds (Optional for 2008) Part II

		Α	В	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion		•	•	•	•

Yes No No Yes No No Yes Yes Yes No Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding issue? 10 Has the final allocation of proceeds been made? 11 Does the organization maintain adequate books and records to support the final allocation of proceeds?

Private Business Use (Optional for 2008)

			4	E	3		С		D	ı	E
		Yes	No								
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

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

		4	A	E	3	(	С	I	D	I	E
		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	С		D		E	
		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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DLN: 93493039009800

OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Transactions with Interested Persons** 

► 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.

	f the organization University of Wisconsin					E	mploy	er ide	ntifica	tion nu	ımber			
	oo.o.o.					39	9-080	06297	7					
Part I						) organı	zatıoı	ns on	ıly).					
	To be completed by organizatio													
1	(a) Name of disqualified	person		<b>(b)</b> Des	criptioi	n of transa	action			(4	c) Corre	<u>ected?</u>		
		•		ν-,	***F						Yes	No		
											$\longrightarrow$			
										-				
											+			
2 [ -4								ا ج						
	er the amount of tax imposed on tax	_		= :	ons au	iring the y	'earui •••	naer <b>F</b>	s					
	er the amount of tax, if any, on lin							•	\$					
Part I					-			-	т					
	To be completed by organizat				IV, line	e 26, or Fo	orm 9	90-E	Z <u>,</u> Part	V , line	38a			
		(b) Loan							(f	·)				
<b>(a)</b> N	lame of interested person and	from t		(c)O riginal principal	   			In ult?				ritten ment?		
• -	purpose .	organiza	tion?	amount	( <b>d</b> )	)Balance due		d)Balance due		iuitr	committee?		1 -	
		То	From				Yes	No	Yes	No	Yes	No		
								ļ				ļ		
								<u> </u>				<u> </u>		
												├		
Γotal		<u> </u>					-							
Part II	Grants or Assistance B	enefittir												
4:11	To be completed by organ				90, Pa	art IV, lır	ne 27							
				petween interested pers					or +v	of -	ssista			
	a) Name of interested person		ti	he organization		(C)A III	10unt	01 yra	nt or ty	pe or a	15515ta	псе ——		
/arious 1	Trustees	 	- h.l.dram/C	سامر الدارات		,								
		Grand	dchildren/C	niidren		Institutio	nai G	rants						

#### **Business Transactions Involving Interested Persons**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organı	aring of zation's nues?
	organization			Yes	No
Renee Boldt	Trustee	1 ' '	Arms-length business transaction		No

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DLN: 93493039009800

OMB No 1545-0047

**SCHEDULE M** (Form 990)

**Non-Cash Contributions** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Lawrence University of Wisconsin To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Employer identification number** 

39-0806297

Pa	Types of Property	1		T	T			
		(a) Check If	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	( <b>d</b> Method of de reven	etermı	nıng	
1	Art—Works of art	applicable		1 g				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	26	4,404,983	FMV			
	Securities—Closely held stock .			.,,				
	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 .							
	Taxidermy							
	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Computers							
	and Related			_				
	Other (describe <u>Equipment</u> ) Other (describe)	×	1	0	FMV			
27	Other (describe)							
	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828		ar for contributions for	29			
20-	During the year, did the organiza	tion receiv	a by contribution any propo	erty raported in Part I. lines	1-28 that it must		Yes	No
ova	hold for at least three years from the date of					l I	 	
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangement					304		
	Does the organization have a gif			review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or us	e third part	ies or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a		Νο
b	If "Yes", describe in Part II							
33	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II					l	1	

Part II Supplemental Infor 32b, and 33. Also com	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.									
Identifier	ReturnReference	Explanation								
	Notarii. Not									

#### \_\_\_\_

SCHEDULE O (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

Open to Public Inspection

Name of the organization Lawrence University of Wisconsin  ${\bf Employer\ identification\ number}$ 

39-0806297

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	PROVIDE ACADEMIC SUPPORT TO 1200 STUDENTS THROUGH LIBRARY FACILITIES AND COMPUTER SERVICES Expenses \$ 4079060 including grants of \$ 0 Revenue \$ 2274170

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Oscar C Boldt is Renee Goral Boldt's father-in-law Oscar is a long time supporter of Law rence University and Renee is an alumni and active trustee member

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The form 990 will be posted onto the board trustee wiebsite prior to filing, which is consistent with how all materials for board meetings are communicated to board members

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		According to the written conflict of interest policy, the secretary of the board of trustees shall request each present member of the board of trustees and officers, and each future member of the board of trustees and officer prior to formal election to complete an appropriate statement, similar to the one appended, and to renew the statement at least once every year while serving in any of these capabilities. A confidential file shall be maintained of such statements

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The executive committee review's and approves the President's compensation, which is then reported to the Board

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 upon request

#### DLN: 93493039009800

OMB No 1545-0047

2008

Open to Public Inspection

**Employer identification number** 

# **SCHEDULE R** (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

93-0841243

**Related Organizations and Unrelated Partnerships** 

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Lawrence University of Wisconsin 39-0806297 Part I Identification of Disregarded Entities (B) (C) Name, address, and EIN of disregarded entity Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Primary activity Direct controlling (if section 501(c)(3)) or foreign country) entity Lawrence Corporation of Wisconsin To Provide Financial Lawrence University of PO Box 599 Support to Lawrence DE 501(c)(3) 13 Type I Wisconsin Appleton, WI54912

University

<b>(A)</b> Name, address, and EIN of related organization		(B) nary activity	(C) Legal domicile (state or foreign country)	gal ( <b>D</b> ) nicile Direct controlling te or entity		d, Shai	<b>(F)</b> ire of total income	( <b>G)</b> Share of end-of- year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	Gene mana parti	agıng
									Yes	No		Yes	No
Part IV Identification of	Related	l Organizations	Taxable as	a Corporation	or Trust	•							
(A) Name, address, and EIN of related org		(B) Primary activity		(C) Legal domicile (state or foreign country)	Direct o	<b>D)</b> ontrolling itity	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	( <b>G)</b> Share of d-of-yea assets	( <b>H)</b> Percentage r ownership		

(4)

(5)

(6)

Part V	Transactions with Related Organizations

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No			
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with on	e or more related organizations listed in Parts II-IV	,						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No			
b	<b>b</b> Gift, grant, or capital contribution to other organization(s)								
c	Gift, grant, or capital contribution from other organization(s)			1c	Yes				
d	Loans or loan guarantees to or for other organization(s)			1d		No			
e	Loans or loan guarantees by other organization(s)			1e		No			
f	Sale of assets to other organization(s)			1f		No			
g	Purchase of assets from other organization(s)			1g		No			
h	Exchange of assets			1h		No			
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No			
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		No			
k	k Performance of services or membership or fundraising solicitations for other organization(s)								
ı	Performance of services or membership or fundraising solicitations by other organization(	(s)		11		No			
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		No			
n	Sharing of paid employees			1n		No			
o	Reimbursement paid to other organization for expenses			10		No			
р	Reimbursement paid by other organization for expenses			1р		No			
q	O ther transfer of cash or property to other organization(s)			1q		No			
r	O ther transfer of cash or property from other organization(s)			1r		No			
			'						
2	If the answer to any of the above is "Yes," see the instructions for information on who mus	st complete this line, including covered relationships	and transaction thresholds						
_	(A)	(B)	(C)						
	Name of other organization(s)	Transaction type(a-r)	Amount Involved						
(1)	Lawrence Corporation of Wisconsin	С		2	26,912				
(2)		-			-,				
(-)									
(3)									
. ,									

### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_					
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets			( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	D / Form					