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990 Form

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)

2009

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

| Department of the Treasury Internal Revenue Service | The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For th	ne 2009 ca	alendar	year, or	tax year	· beginr	ning	April '	1,	2009, an	d ending	_ Ma	arch		, 20		
В	Check if	applicable	Please		of organiza	ation Mi	lwauke	e Institut	e, Inc.				D	Emp	loyer iden	tification r	number
_		change	use IRS label or	Doing	Business A	As		-					1	26		072430	4
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<u>K</u>	Form of	organization	✓ Corp	oration L	Trust L A	Association	1 U Othe	r ▶		L Year	of formation	2007	М	State	of legal d	omicile W	1
Pa	irt I	Summ															
-	1	Briefly de	escribe	the orc	anızatıor	n's mis	sion or	most siar	nificant ac	ctivities:	The Mil	waukee	Inst	titute	is dedi	cated to	
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Net A Fund	22				,	ubtract	line 21	from line	20 .				28	2,50°	1	20	7,745
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11282Y 990 (2009)

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: The Milwaukee Institute is dedicated to advancing scientific research, education, and economic development
	through expansion and more effective use of available scientific and technology resources in the SE Wisconsin seven county region surrounding Milwaukee.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 64,012 including grants of \$) (Revenue \$) Provide high performance computing systems and services to Medical College of Wisconsin, University of Wisconsin Milwaukee, Marquette University and Milwaukee School of Engineering to support their research and/or
	educational activities that need high performance computing.
41-	(Code:) (Expenses \$ 106,038 including grants of \$) (Revenue \$)
40	Foster economic development through 1) hosting symposiums on cyberinfrastructure and intellectual property, 2) collaborate with Source IT energy to develop a "green" datacenter in Milwaukee, 3) promote and develop public-priv
	partnerships to assist in technology transfer between research and commercial organizations.
4c	(Code) (Expenses \$ 15,000 including grants of \$) (Revenue \$)
	Foster collaboration by 1) Executive Director's appointment to Wisconsin Technology Council, a technology advisory support group 2) initiate meetings with local government leaders to discuss how to increase region's
	cyberinfrastructure visibility and capabilities 3) being a founding member of Southeast Wisconsin High-Performance
	Computing Consortium.
	Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses \$ 185.050

Pai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓_	<u> </u>
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	,	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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		1
6	Did the organization maintain any donor advised funds or any similar funds or 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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	:	√
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	:	1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a		14 <u>a</u>		√
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
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		✓
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		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

rai	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	√	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓_
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		✓_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35_		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		/
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	√	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c	1	ļ
	gaming (gambling) winnings to prize winners?	<u> </u>	V	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
D			<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ŀ		_
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, 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_		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	_		
	Prohibited Tax Shelter Transaction?	5c		_
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		✓
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		/
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 file Form 8282?	7c		-
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f.		✓
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	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
		- J		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		1
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	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.)	10-		-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		✓
	in 100, critor the amount of tax exempt interest received of accrete during the year.			

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

Sec	tion A. Governing Body and Management			
	1 1	·	Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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		✓
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		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		√
6	Does the organization have members or stockholders?	6		✓
	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b		√
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	√	
	Each committee with authority to act on behalf of the governing body?	8ь	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	ernal		
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		√
	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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
• •	form?	11		1
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13	Does the organization have a written whistleblower policy?	13	1	
14	Does the organization have a written document retention and destruction policy?	14	1	
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
	Other officers or key employees of the organization	15b	√	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		-	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			'
Ioa	with a taxable entity during the year?	16a		1
	, , ,	100		<u> </u>
р	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		
Sec	tion C. Disclosure	100		—
17	List the states with which a copy of this Form 990 is required to be filed ► Wisconsin			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(organization to make its Forms 1023).)(3)S	orny)	
	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	ot inti	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization: ► Jonathon P. Gladieux, 411 E Wisconsin Ave Ste 1280 Milwaukee, WI 53202 (414) 727-64	rds o	the	

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not co	ompensate	any o	curr	ent	offi	cer, d	lirec	tor, or trustee.		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Jay Bayne Executive Director	40			1	1	1		180,000	0	0
Jonathon Gladieux Director of Operations	20-30			▼				0	0	0
John T. Byrnes Chairman	5-10	/		/				0	0	0
Walter J. Skipper Treasurer & Secretary	2-8	1		1				0	0	0
Sujeet Chand Director	1	1						0	0	0
Rocky Marcoux Director	1	✓						0	0	0
Troy Bradley Director	1	✓						0	0	0
Brian Cooke Director	1	✓_						0	0	0
Beth A. Furumo Former Director of Operations	30						1	50,500	0	0
								` ,		
									•	

Part VII Section A. Officers, Directors, Tr	ustees, Key	/ Emp	loy	ees,	an	d Hig	hes	Compensate	Employees	s (continued)
(A) Name and title	(B) Average	Posit	on (d		C) < all	that ap	ply)	(D) Reportable	(E) Reportable	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-Mi	d other is compensation
	-							- 00 0		
				_						
					_					
	-									
1b Total							▶	230,500		0.000
2 Total number of individuals (including but reportable compensation from the organiz		to the	ose 	IIST	ea a	bove) Wr	io receivea mo	ore than \$10	
3 Did the organization list any former office employee on line 1a? If "Yes," complete S							-	-	-	
 For any individual listed on line 1a, is the the organization and related organizations 	sum of repo	ortabl	e co	omp	ens	ation	and		nsation from	
individual.Did any person listed on line 1a receive						٠.		·		4 🗸
services rendered to the organization? If " Section B. Independent Contractors	Yes," comp	olete :	Sch	edu	le J	for s	uch	person		5 ✓
Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	ontra	cto	s that received	d more than	\$100,000 of
(A) Name and business ad	dress							(B) Description of s	ervices	(C) Compensation
								···········		
2 Total number of independent contractors (more than \$100,000 in compensation from	including bi n the organ	ut not lizatio	lım: n ►	ited 0	to t	hose	liste	ed above) who	received	

Part	EVIII	Statement of Re	venue					T	T
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns Membership dues Fundraising events . Related organizations Government grants (control All other contributions, gifts, gand similar amounts not inclu	butions).	1a 1b 1c 1d 1e	225,047				
E S		Noncash contributions include				225.047			
	n	Total. Add lines 1a-1f			Business Code	225,047			
Program Service Revenue	2a b c d								
gram	e f	All other program service							
Pro jo	g	Total. Add lines 2a-2f						, ^	
	3 4 5	Investment income (incother similar amounts) Income from investment of	luding divi if tax-exemp	dends	, interest, and	228			228
	6a b	Rental income or (loss)				, `		`\$ ` \$ ` \$ ` \$,
	7a	Net rental income or (lo Gross amount from sales of assets other than inventory	(i) Securiti		▶				
	С	Less cost or other basis and sales expenses . Gain or (loss) Net gain or (loss)		5,047 4,113	>	14,113			14,113
Revenue	8a	Gross income from events (not including \$ of contributions reported	d on line 1						
Other Re	С	See Part IV, line 18 Less. direct expenses Net income or (loss) fro	 om fundras		vents .				
	b	Gross income from gam See Part IV, line 19 Less: direct expenses.		. a . b					
	С	Net income or (loss) from Gross sales of investigations	om gaming	activi	ties ►				
		returns and allowances Less. cost of goods so Net income or (loss) from	ld n sales of ı	. b					
		Miscellaneous Rev			Business Code				
	b						•		
		All other revenue							
	е 12	Total. Add lines 11a-1 Total revenue. See ins	1d . structions.		.	239,388			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				IN THE PARTY OF TH							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22											
3 4 5	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members	180,000	90,000	90,000	· 							
6 7	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages	50,500	25,250	25,250								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions). Other employee benefits	1,147	574	573								
10 11	Payroll taxes	10,428	5,214	5,214								
b c d	Legal											
f g		1,990		1,990								
12 13 14 15	Advertising and promotion	1,914 13,966	13,966	1,914								
16 17 18	Occupancy	4,423		4,423								
19 20	for any federal, state, or local public officials Conferences, conventions, and meetings Interest											
21 22 23	Payments to affiliates Depreciation, depletion, and amortization. Insurance	50,046	50,046									
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.)											
a b c												
d e f	All other expenses											
25 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ 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	314,414	185,050	129,364								

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	126,668	1	31,774
	2	Savings and temporary cash investments		2	20,216
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
S	-	Notes and loans receivable, net		7	
Assets	7 8	Inventories for sale or use		8	
As	9		-	9	
	10a	Land, buildings, and equipment: cost or 10a 209,667			
	100	other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b 62,632	155,833	10c	147,036
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	8,450
	16	Total assets. Add lines 1 through 15 (must equal line 34)	282,501	16	207,475
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ħ	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties .		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
səɔ	26	Total liabilities. Add lines 17 through 25		26	
ဋ		complete lines 27 through 29, and lines 33 and 34.	282,501	27	207,475
a a	27	Unrestricted net assets	202,301	28	201,413
В	28	Temporarily restricted net assets		29	
Ĕ	29	Permanently restricted net assets		25	
Net Assets or Fund Balan		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	· · · · · · · · · · · · · · · · · · ·		
ş	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
tΑ	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances		33	007.477
	34	Total liabilities and net assets/fund balances	282,501	34	207,475

Pa	t XI Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🗎 Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O	ļ					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓			
b	b Were the organization's financial statements audited by an independent accountant?						
С	If "Yes" to line 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?						
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a consolidated basis, separate basis, or both:	,					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
За	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		✓			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	,					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b					

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number 26 0724304 Milwaukee Institute, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** Type III-Functionally integrated **d** ☐ Type III–Other a Type I **b** Type II e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? . . . |11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN in col (i) listed in your organization (described on lines 1-9 the organization in organization in col support (i) organized in the above or IRC section governing document? col (i) of your (see instructions)) support? Yes Yes Nο No Yes No

Total

dule-A (Form 990 or 990-EZ) 2009						_	Page 2		
					and 1	70(b)(1)(A)(vi)		
tion A. Public Support									
lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total		
Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			130,000	650,200	2	25,047	1,005,247		
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				•					
The value of services or facilities furnished by a governmental unit to the organization without charge						25 245			
Total. Add lines i tillough o									
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11 column (f)							1,005,047		
Public support. Subtract line 5 from line 4.									
tion B. Total Support	y	-1	,				(f) Total		
Amounts from line 4		<u> </u>	130,000	650,200	2	25,047	1,005,247		
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					14,341 14,341				
Net income from unrelated business activities, whether or not the business is regularly carried on									
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							4 040 500		
Total support. Add lines 7 through 10 .			ļ <u></u>				1,019,588		
•	•	•							
organization, check this box and stop he	ere					a sectio	n 501(c)(3) ► ☑		
		-		·	гт				
	• •			<u>%</u> _					
Public support percentage from 2008 Schedule A, Part II, line 14									
							_		
and stop here. The organization qualifies as a publicly supported organization									
.,							check this		
	•	•	-				▶ ⊔		
more, and if the organization meets the "f	acts-and-circu	mstances" test,	check this box	and stop here.	Explair	n ın Part	IV how the		
more, and if the organization meets the "I organization meets the "facts-and-circumsta	facts-and-circur ances" test. The	nstances" test, e organization qua	check this box a alıfies as a public	and stop here . By supported or	Explaın ganizatı	in Part on	IV how the▶ □		
	Support Schedule for Org (Complete only if you check ition A. Public Support idendar year (or fiscal year beginning in) Implementation of the organization include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Ition B. Total Support Idendar year (or fiscal year beginning in) Amounts from line 4 Gross income from increst, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for organization, check this box and stop here. The organization qualifies 33½% support test—2008. If the organization dualifies 33½% support test—2008. If the organization meets the "forganization meet	Support Schedule for Organizations (Complete only if you checked the boxition A. Public Support Illendar year (or fiscal year beginning in) ▶ (a) 2005 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Ition B. Total Support Illendar year (or fiscal year beginning in) ▶ (a) 2005 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructifiers five years. If the Form 990 is for the organization organization, check this box and stop here Public support percentage for 2009 (line 6, column (f) of the public support percentage from 2008 Schedule A, Part 33% % support test—2009. If the organization did not box and stop here. The organization qualifies as a publicly 33% % support test—2009. If the organization more, and if the organization meets the "facts-and-circumstances" test. The "facts-and-circumstances test—2009. If the organization meets the "facts-and-circumstances" test. The "facts-and-circumstances" tes	Support Schedule for Organizations Described in (Complete only if you checked the box on line 5, 7, 1tion A. Public Support Idendar year (or fiscal year beginning in) (a) 2005 (b) 2006 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Ittion B. Total Support Idendar year (or fiscal year beginning in) (a) 2005 (b) 2006 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, seconorganization, check this box and stop here. The organization of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 1 Public support percentage from 2008 Schedule A, Part II, line 14 33% % support test—2009. If the organization did not check the box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test, organization meets the "facts-and-circ	Support Schedule for Organizations Described in Sections 174 (Complete only if you checked the box on line 5, 7, or 8 of Part I. Ition A. Public Support Idendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 Giffs, grants, contributions, and membership fees received (Do not include any "unusual grants.") 130,000 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1704I. Add lines 1 through 3 130,000 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, organization, check this box and stop here Atton C. Computation of Public Support Percentage Public support percentage from 2008 Schedule A, Part II, line 14 33'4 % support test—2008. If the organization did not check he box on line 13, and and stop here. The organization meets the "facts-and-circumstances" test, check his box organization meets the "facts-and-circumstances" test, check his box organization meets the "facts-and-circumstances" test, check this box organization meets the "facts-and-	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Ition A. Public Support Idendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit or organization without charge Total, Add lines 1 through 3 Total, Add lines 1 through 3 Total support Subtract line 5 from line 4. Ition B. Total Support Idendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Net income. Do not include gain or loss from Eade at united from such as sets (Explain in Part IV) Total support bediends from 2008 (Schedule A, Part II, line 14 33% % support test—2009, if the organization did not check the box on line 13, and line 15 is box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here organization meets the "facts-and-circumstances" test, check this box and stop here organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here organization meets the "facts-and-circumstances" test, check this box and stop here organization meets the "facts-and-circumstances" test, check this box and stop here organization meets the "facts-and-circumstances" test, check this box and stop here organization meets the "facts-and-circumstances" test, check this box and stop here organization meets the "facts-and-circumstances" test, check this box and stop he	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 1 (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Ition A. Public Support Idendar year (or fiscal year beginning in) Idendary begin (or fiscal year beginning in) Idendary begin (or fisca	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(Complete only if you checked the box on line 5, 7, or 8 of Part I.) Ition A. Public Support Idendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Ition B. Total Support Idendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support, Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 14 33)% support test—2009. If the organization did not check the box on line 13, and line 14 is 33% or more, check		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

	(Complete only if you checke	ed the box of	n line 9 of Pa	art I.)					
	tion A. Public Support		·	1		,			
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						!		
2	Gross receipts from admissions, merchandise sold or services 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 Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
с 8	Add lines 7a and 7b		*	, , ,					
Sec	tion B. Total Support		<u> </u>	<u> </u>	<u> </u>		1		
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9	Amounts from line 6	(0, 2000	(4, 2000	(0) 2001	(0, 0000	(0) 2000	(-,		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975								
с 11	Add lines 10a and 10b								
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 torganization, check this box and stop	here	<u> </u>	nd, third, fourtl			on 501(c)(3) ▶ □		
Sec	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •	<u> </u>			··········			
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S		•	ne 13, column	.,,	15	<u>%</u>		
Sec	tion D. Computation of Investmer	nt Income Po	ercentage						
17 18									
	331/3 % support tests – 2009. If the organization is not more than 331/3 %, check this be	anization did n	ot check the b	ox on line 14, a	and line 15 is n				
b	331/3 % support tests – 2008. If the organ line 18 is not more than 331/3 %, check this	ization did not	check a box or	n line 14 or line	19a, and line 1	6 is more than	33/3 %, and _		
20			_	•					

Schedule A (Fo	orm 990 or 990	-EZ) 2009								Page 4
Part IV	Suppleme Part II, lin	ental In e 17a o	formation r 17b; and	. Complete l Part III, line	this part 12. Pro	to provide th vide any othe	e explanational	ons required information.	by Part II, See instruc	line 10; ctions.

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Open to Public ▶ Attach to Form 990. ▶ See separate instructions. Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Milwaukee Institute, Inc. Employer identification number 26 0724304

Pa	Organizations Maintaining Dor the organization answered "Yes"	nor Advised Funds or Other Similar	Funds or Accounts. Complete if
	the organization answered Tes	(a) Donor advised funds	(b) Funds and other accounts
	Talal a subsect of and	(4, 25/15/125/15/15/15/15/15/15/15/15/15/15/15/15/15	(), (), ()
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and funds are the organization's property, subjections are the organization of the control of the cont	ect to the organization's exclusive legal of	control? Yes L No
6	Did the organization inform all grantees, do used only for charitable purposes and not purpose conferring impermissible private by	for the benefit of the donor or donor adverself:	isor, or for any other
Pa	t II Conservation Easements. Comp	olete if the organization answered "Yes	" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held Preservation of land for public use (e.g. Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organiz easement on the last day of the tax year.	., recreation or pleasure)	ion of an historically important land area tion of a certified historic structure
	,		Held at the End of the Tax Year
_	Total number of conservation easements .		2a
a	Total acreage restricted by conservation ea		. 0
b	Number of conservation easements on a c		
٦ C	Number of conservation easements include	• • • • • • • • • • • • • • • • • • • •	
d			<u>. </u>
3	Number of conservation easements modified the tax year ▶	· · · · · · · · · · · · · · · · · · ·	-
4	Number of states where property subject t		
5	Does the organization have a written policy violations, and enforcement of the conserv	ration easements it holds?	L Yes L No
6	Staff and volunteer hours devoted to moni		
7	Amount of expenses incurred in monitoring \$ \	g, inspecting, and enforcing conservation	easements during the year
8	Does each conservation easement reported $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(i)$?		Yes L No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conserva	he text of the footnote to the organization	
Pa	Organizations Maintaining Collectory Complete if the organization answ	ections of Art, Historical Treasures, overed "Yes" to Form 990, Part IV, line 8	or Other Similar Assets.
1a	If the organization elected, as permitted ur art, historical treasures, or other similar asse provide, in Part XIV, the text of the footnot	ets held for public exhibition, education, or	research in furtherance of public service,
b	If the organization elected, as permitted un historical treasures, or other similar assets provide the following amounts relating to t	held for public exhibition, education, or it hese items.	research in furtherance of public service,
	(i) Revenues included in Form 990, Part V (ii) Assets included in Form 990, Part X	/III, line 1	· ► \$
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other simi	lar assets for financial gain, provide the
a b	Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X	line 1	▶ \$

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race	_

Par	t III Organizations Maintaining (Collections	of Art, H	storica	l Treasures, o	or Ot	her Similar As	sets (coi	ntinued)
3	Using the organization's acquisition, accollection items (check all that apply):	ession, and o	other reco	rds, che	ck any of the fo	ollowi	ng that are a sig	nıfıcant ι	ise of its
а	Public exhibition		ď		oan or exchang				
b	Scholarly research		е	\sqcup o	ther				
C	Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5	During the year, did the organization solici assets to be sold to raise funds rather than	n to be mainta	ained as p	art of the	organization's	collec	ction?	Yes	
Par	Escrow and Custodial Arrar IV, line 9, or reported an amo					were	ed "Yes" to Forr	n 990, P	'art
	Is the organization an agent, trustee, cuincluded on Form 990, Part X?							☐ Yes	No
b	b If "Yes," explain the arrangement in Part XIV and complete the following table:								
							Am	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					<u>1e</u>			
f	Ending balance					1f			
b	Did the organization include an amount If "Yes," explain the arrangement in Part	t XIV.	·					∐ Yes	No No
Par	t V Endowment Funds. Comple								
		Current year	(b) Pric	or year	(c) Two years ba	CK (d) Three years back	(e) Four y	ears back
1a	Beginning of year balance								<u> </u>
Ь	Contributions							,	<u> </u>
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f g	Administrative expenses								
2									
	a Board designated or quasi-endowment ▶								
b									
c									
3a	Are there endowment funds not in the possession of the organization that are held and administered for the								
	organization by.		3						es No
	m la disconsissations							3a(i)	
	(ii) related organizations							3a(ii)	
ь	If "Yes" to 3a(ii), are the related organiza							3b	
4	Describe in Part XIV the intended uses of						<u></u>		
Par	t VI Investments—Land, Buildir	ngs, and Eq	uipment	. See F	<u>orm 990, Part</u>	X, lii	ne 10.		
	Description of investment	(a) Cost or of (investm			st or other s (other)		cumulated reciation	(d) Book	value
1a	Land								
b	Buildings					_			
C	Leasehold improvements								
d	Equipment		209,667				62,632	_	<u>147,036</u>
<u>e</u>	Other	<u> </u>							
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 9	90, Part X,	column	(B), line 10(c).)		<u> ▶ </u>		147,036

Part VII Investments—Other Securities	s. See Form 990, Part X	, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			-
Other			
			
	· · · · · · · · · · · · · · · · · · ·		
			•
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Relate	d. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
		-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13)			
Part IX Other Assets. See Form 990, Part IX	irt X, line 15.		
	(a) Description		(b) Book value
Payroll Escrow			8,450
	·		
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		
Part X Other Liabilities. See Form 990,			
1. (a) Description of liability	(b) Amount		
Federal income taxes		_	
			
		-	
		7	
		<u> </u>	
		_	
		_	
		-	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)		7	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 2 2 Total expenses (Form 990, Part IX, column (A), line 25) . 3 Excess or (deficit) for the year. Subtract line 2 from line 1 . 4 4 Net unrealized gains (losses) on investments . . . 5 5 Donated services and use of facilities 6 6 Investment expenses 7 7 Prior period adjustments Other (Describe in Part XIV) Total adjustments (net). Add lines 4 through 8 . . 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XII Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains on investments 2b **b** Donated services and use of facilities 2c c Recoveries of prior year grants . d Other (Describe in Part XIV.) . . . 2e e Add lines 2a through 2d . . 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1. 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4b **b** Other (Describe in Part XIV) c Add lines 4a and 4b 4c 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements . . . 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a c Other losses 2c d Other (Describe in Part XIV) . . . 2e e Add lines 2a through 2d . 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990. Part VIII. line 7b 4b **b** Other (Describe in Part XIV.) 4c c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 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 IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2009

Schedule' D (Forr	990) 2009 Page \$
Part XIV	Supplemental Information (continued)
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 0724304 Milwaukee Institute, Inc. 26

Pa	rt I Questions Regarding Compensation							
				Yes	No			
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a. Complete Part III to pro-							
	☐ First-class or charter travel [☐ Housing allowance or residence for personal use						
	☐ Travel for companions [☐ Payments for business use of personal residence			1			
	☐ Tax indemnification and gross-up payments ☐	Health or social club dues or initiation fees		1				
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the or							
	or reimbursement or provision of all of the expenses of explain	described above? If "No," complete Part III to	1b					
2	Did the organization require substantiation prior to rei	mbursing or allowing expenses incurred by all						
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?							
	, and the state of							
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director. Check all that							
		☑ Written employment contract			Ì			
	☐ Independent compensation consultant	✓ Compensation survey or study		l	i			
	Form 990 of other organizations	✓ Approval by the board or compensation committee		^				
			3.7					
4	During the year, did any person listed in Form 990, Pa organization or a related organization:	art VII, Section A, line 1a, with respect to the filing	*					
а	Receive a severance payment or change-of-control pa	ayment?	4a					
b	_ · · · · · · · · · · · · · · · · · · ·							
С	- · · · · · · · · · · · · · · · · · · ·							
	If "Yes" to any of lines 4a-c, list the persons and proving	vide the applicable amounts for each item in Part III.						
	Only section 501(c)(3) and 501(c)(4) organizations in	- I						
5	For persons listed in Form 990, Part VII, Section A, Iir	ne 1a, did the organization pay or accrue any	.]					
_	compensation contingent on the revenues of:		5a					
	The organization?		5b	-				
b	Any related organization?							
6	For persons listed in Form 990, Part VII, Section A, Iir	as 1a, did the organization hav or accrus any	i		i			
Ü	compensation contingent on the net earnings of:	ie ra, did the organization pay or accrue any						
а	The organization?		6a					
b	Any related organization?		6b					
	If "Yes" to line 6a or 6b, describe in Part III.							
7	For persons listed in Form 990, Part VII, Section A, lir							
	payments not described in lines 5 and 67 If "Yes," de	4	7					
8	Were any amounts reported in Form 990, Part VII, pai							
	subject to the initial contract exception described in F	````						
_	In Part III		8					
9	If "Yes" to line 8, did the organization also follow the Regulations section 53.4958-6(c)?		9					
			- 1					

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

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

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

		(B) Breakdown of W-2	W-2 and/or 1099-Mis	and/or 1099-MISC compensation			-	
(A) Name	-	(l) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(c) retirement and other deferred compensation	(D) Nontaxable benefits	(E) rotal of columns (B)(I)+(D)	(r) Compensation reported in prior Form 990 or Form 990-EZ
Jay S. Bayne	ε	180,000					180,000	
Beth A. Furumo	ε	20,500					50,500	
	▣			:				
	€							
	(ii)							
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Page 3	is part		 							5 6 6 6	: : : : : : :				190) 2009
	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.		; ; ; ; ;		; ; ; ; ; ;			! ! ! !	 	6 6 6 8))))))				Schedule J (Form 990) 2009
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	a, 6b,				1 1 1 1 1 1 1			1		1 1 1 1 1 1	1				
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	a, 1b,				! ! ! !					f 1 1 1 1 1 1	; ; ;				
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Schedule J (Form 990) 2009 Dayt III Sundemental Information	Complete this part to provide for any additional information.			1			! ! ! ! !			; ; ; ;					
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SCHEDULE O '(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization Employer identification number 0724304 Milwaukee Institute, Inc. 26 Part VI. Line 11. Tax returns are included in board package materials. Part VI. Line 19. Financial statements, governing documents, policies are available to the public upon request.

Schedule O (Form 990) 2009	Page 2
Name of the organization	Employer identification number
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