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# Form 990

Department of the Treasury Internal Revenue Service

# **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)

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

2009

Open to Public Inspection

A Fo	r the	2009 ca	lendar yea	r, or tax year beginning 07-01	-2009 and ending 06-30-2010	0		
<b>B</b> Ch	eck ıf a	pplicable	Please	C Name of organization Milwaukee School of Engineering			D Employer iden	tification number
┌ Add	Address change use IRS						39-0477970	
Г№	me cha	inge	print or	Doing Business As			E Telephone nur	nber
┌ Ind	tıal retu	ırn	type. See Specific	Number and street (or D.O. boy	of mail is not delivered to street addre	cs\ Doom/suito	(414) 277-7	300
	mınate		Instruc- tions.	1025 North Broadway Street	ii maii is not delivered to street addre	ss) Room/suite	<b>G</b> Gross receipts \$	124,507,228
_	ended		tions.	City or town, state or country, a	ad 7TD + 4			
				Milwaukee, WI 53202	IU ZIP + 4			
J Ap	plication	n pending						
				ne and address of principal of nn Viets PhD	ficer		is a group return	for
				North Broadway Street		affilia 	ites?	⊤Yes ▼ No
			Mılwau	kee, WI 53202		H(b) Are a	II affiliates include	d?
								(see instructions)
I Ta	x-exen	npt status	▼ 501(c)	)(3) ◀(Insert no)	1) or 527	H(c) Grou	ıp exemption num	nber 🟲
J W	ebsit e	e: ► ww	W MSOE E	DU				
K For	m of or	vanization.	✓ Corporat	tion Trust Association Othe	r <b>b</b> e	L Vear of fo	rmation 1903 M	State of legal domicile WI
	rt I	Sumr		doily Husty Association of Other		L real of to	illiation 1905   III	State of legal doffficile WI
	1			e organization's mission or m	ost significant activities			
	_			-	is to provide a balanced educa	tıon ın technı	cal and nontechn	ical areas for men and
					ering technology, management			
3				he university is accredited by legree, and certificate prograr	the North central Association	of Colleges a	nd Schools and o	ffers bachelor's
E .		<del>degree,</del>	master s c	regree, and certificate program	113			
E .								
Governance								
	2	Checkt	hıs box 🛏	if the organization discontin	ued its operations or disposed	of more than	25% of its net as	ssets
70 (j)	3	Number	of voting r	members of the governing bod	y (Part VI, line 1a)		3	52
≝	4	Number	ofindepen	ndent voting members of the g	overning body (Part VI, line 1b	)	. 4	52
Activities &	5			nployees (Part V, line 2a) .				1,529
ă	6			olunteers (estimate if necessa				0
	7a			ted business revenue from Pa			169,137	
	1	-		iness taxable income from Foi	, , , , , ,	•	7b	-287,967
						Pric	or Year	Current Year
	8	Contril	hutions and	d grants (Part VIII, line 1h)	- 110	10,937,595	10,447,072	
9	9			revenue (Part VIII, line 2g)		49,527,390	49,312,873	
Ravenue	10			me (Part VIII, column (A), lin		1,958,613	2,448,783	
æ	11			art VIII, column (A), lines 5,		479,742	787,810	
	12		•		qual Part VIII, column (A), line		473,742	707,010
	12			· · · · · · · · · · · · · · · · · · ·		-	62,903,340	62,996,538
	13			ar amounts paid (Part IX, colu				0
	14	Benefit	ts paid to c	or for members (Part IX, colun			0	
	15	Salarıe	s, other co	ompensation, employee benef	its (Part IX, column (A), lines 5	5 –		
Expenses		10)					36,281,288	37,327,120
কু	16a	Profes	sional fund	raising fees (Part IX, column	(A), line 11e)			0
ਨੂੰ	ь	Total fu	ndraising exp	enses (Part IX, column (D), line 25)	<u>▶</u> .859,283			
_	17	Other	expenses (	(Part IX, column (A), lines 11	a-11d, 11f-24f)		25,880,972	24,873,076
	18	Totale	expenses /	Add lines 13–17 (must equal	Part IX, column (A), line 25)		62,162,260	62,200,196
	19	Reveni	ue less exp	penses Subtract line 18 from	line 12		741,080	796,342
8 % የ						_	g of Current	End of Year
Net Assets or Fund Balances							rear	
Ass Ba	20			rt X, line 16)			167,826,092	171,464,412
<u>8</u> 8	21	Totall	ıabılıtıes (F	Part X, line 26)			32,533,225	31,659,154
	22	_		d balances Subtract line 21	from line 20		135,292,867	139,805,258
Pa	rt II		ature Blo					
					d this return, including accompanying f preparer (other than officer) is base			
			er, it is true,	correct, and complete Declaration o	r preparer (other than officer) is base	u on an imonnat	ion of which prepare	
Sigr	1	****	**			2011-	-05-10	
Here		Signa	ature of office	er		Date		
		Armu	ا nd M Janto	VP of Finance & CFO				
			or print nam					
		Preparer'	's <b>k</b>		Date	Check If	Preparer's identify	ıng number
Paid		signature		Marine CPA	2011-05-10	self-	(see instructions)	-
	arer's	Europ /	mo /== ·	A DAVED THEY MAD CHOOK VENTO		empolyed 🕨 🦵		
Use		ıf self-en	nme (or yours nployed),	<b>-</b>			EIN 🕨	
U36 1	Unity		and ZIP + 4	115 South 84th Street Suite 40				
			_	Mılwaukee, WI 53214			Phone no 🕨 (41	4) ///-5500
M =	the ID	S discus	s this retii	rn with the preparer shown ab	ove? (see instructions)			▼ Yes

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

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

						Form <b>990</b> (2009)
4e	Total program se	rvice expenses►\$	59,574,52	1		
	(Expenses \$	10,821,066	including grants o	f \$	) (Revenue \$	16,693,614)
4d	Other program se	ervices (Describe in	Schedule O ) <b>See a</b>	ılso Additional Data 1	or Description	
	Institutional Support and laboratories	Administrative and facilit	y services are provided	for all students, including	billing and collection, financial ai	d, occupancy expensesfor classrooms
4c	(Code	) (Expenses \$	10,787,810	ıncludıng grants of \$	) (Revenue \$	)
	Student Services On	campus services are pro	vided for students, inclu	ding food services, housii	ng, recreation, artistic pursuit, ath	letics, medical and counseling
4b	(Code	) (Expenses \$	8,977,134	3 3 '	) (Revenue \$	, , ,
		er 2,000 students are enr in technical certificate pro		Another 380 students ar	e enrolled part time, including gr	aduate courses Numerous other
4a	(Code	) (Expenses \$	28,988,511	including grants of \$	) (Revenue \$	, , ,
4	Section 501(c)(3)	and 501(c)(4) organ	nizations and sectio	<del>-</del>	e largest program services are required to report the a service reported	• •
	If "Yes," describe	these changes on Sc	hedule O			
3	•	on cease conducting,	•	t changes in how it co	onducts, any program	┌ Yes ┌ No
	If "Yes," describe	these new services o	on Schedule O			
2		on undertake any sig O or 990-EZ?	• •	rvices during the yea	r which were not listed on	√ Yes  No

Part TV	Checklis	st of De	auired 9	Schedules
	CHECKII	SL UI KE	uuneu s	cneuules

			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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
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, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	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	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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		No
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 U S? <i>If "Yes," complete Schedule F, Part II</i>	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 U S ? If "Yes," complete Schedule F, Part III	16		No
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		Νο
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	Yes	
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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		Νο
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 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	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 line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
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	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	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 owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	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? If "Yes," complete Schedule N, Part II	32		No
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</i> "Yes," complete Schedule R, Part I	33		No
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		No
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		N o
36	<b>Section 501(c)(3) organizations.</b> 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% 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
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	Yes	_
		F	orm <b>990</b>	(2009)

Part V Statements Regarding Other IRS Filings and Tax Complia
---

			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		163	
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 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 (see instructions)	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	3Ь	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►BF  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	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		
6a	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		No
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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N o
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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

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

Se	ection A. Governing Body and Management			
			Yes	No
1a -	Enter the number of voting members of the governing body 1a 52			
b n	Enter the number of voting members that are independent 1b 52			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
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		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
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	
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	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	reflue code.		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
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?	10b		
11				
		11		Νo
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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		Νο
14	Does the organization have a written document retention and destruction policy?	14		Νο
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		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
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	Yes	
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	Yes	
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ₩UI			
18	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 Armund Janto	ne orga	nızatıor	h <b>-</b>
	Attitutiu Janto			

# Part VIII 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, and current key employees 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, 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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

	\$100,000 III reportable compensation from the organization #40			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		Νο
4	For any individual listed on line 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 individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

### Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Huzinger Construction Co 21100 Enterprise Ave Brookfield, WI 53005	Building Construction Manager	783,085
Strategy Development Services LLC  19 Rexinger Lane  Avon, CT 06001	Certificate Training	494,010
Sig Max Solutions LLC 19110 Glacier Parkway Brookfield, WI 53045	128,403	
WCM Associates LLC 834 Mill Lake Road Fort Wayne, IN 46845	Certificate Training	112,150
2 Total number of independent contractors (including but not limited to those listed above \$100,000 in compensation from the organization ►4	) who received more than	

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
#\$ #\$	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	Ь	Membership du	ıes <b>1b</b>					
	c	Fundraising eve	ents <b>1c</b>	17,220				
	d	Related organiz	zations 1d					
ωĒ	e	Government grants	s (contributions) <b>1e</b>	4,949,736				
ibution other si	f	All other contribution	ons, gifts, grants, and <b>1f</b>	5,480,116		į	j	į
	g	Noncash contri	ibutions included in					
늍윤		lines 1a-1f \$ _	08,433					
င်မှ	h	Total. Add lines	s 1a-1f	🟲	10,447,072			
<u>a</u>				Business Code				
e E	2a	TUITION/FEES	_	900,099	35,923,430	35,923,430		
æ	b	AUX ENTERPRISES	S	812,930	9,071,993	8,877,050	194,943	
<u>ĕ</u>	c	Government Contr	racts	900,099	2,382,738	2,382,738		
<u>&gt;</u>	d	TECHNOLOGY CEN	ITER	900,099	1,934,712	1,934,712		
Ë	e							
Program Serwce Revenue	f	All other progra	am service revenue					
ξ	g	Total. Add lines	s 2a-2f		49,312,873			
	3		ome (including dividen					
		and other simil	aramounts)	▶	2,352,577		-25,806	2,378,383
	4	Income from inves	stment of tax-exempt bond	oroceeds 🕨				
	5	Royalties						
			(ı) Real	(II) Personal				
	6a   .	Gross Rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)	•				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	61,551,910					
		assets other than inventory						
	ь	Less cost or other basis and	61,455,704					
		sales expenses						
	C	Gain or (loss)	96,206		05 205			06.206
	d 8a		ss)		96,206			96,206
ψ	Od	events (not inc	from fundraising luding					
듄		\$ 17,220 of contributions reported on line 1c)						
ě			ne 18					
ب ت			а	212,393				
Other Revenue	Ь	Less direct ex	penses <b>b</b>	54,986				
0	С		(loss) from fundraising	events 🗠	157,407			157,407
	9a		from gaming activities ne 19					
		: wit i V ; iiii	a					
	ь	Less direct ex	penses <b>b</b>					
	С	Net income or (	(loss) from gamıng actı	vities				
	10a	Gross sales of inventory, less returns and allowances .						
	Ь	Less cost of a	oods sold b					
	c		(loss) from sales of inve	entory 📂				
		Miscellaneou	s Revenue	Business Code				
	11a	OTHER INCOM	M E	900,099	630,403			630,403
	ь							
	c							
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d		630,403			
	12	Total revenue	See Instructions		030,403			
		iotai ievellue.	Sectional delicities in the section of the section	' '	62,996,538	49,117,930	169,137	3,262,399

	990 (2009)				Page <b>10</b>
Par	IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations m Il other organizations must complete column (A) but are not required to			(D)	
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		скрепзез	general expenses	скрепосо
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			-	
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				_
	key employees	1,035,300	386,800	458,500	190,000
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	27,660,209	26,855,932	540,735	263,542
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,171,676	1,099,037	49,962	22,677
9	Other employee benefits	5,538,694	5,421,719	81,649	35,326
10	Payroll taxes	1,921,241	1,830,445	61,258	29,538
11	Fees for services (non-employees)				_
а	Management				
ь	Legal	49,163	22,152	27,011	
c	Accounting	85,300		85,300	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	1,514,776	1,483,784	22,986	8,006
14	Information technology				
15	Royalties				
16	Occupancy	2,534,324	2,400,452	68,446	65,426
17	Travel	762,769	749,009	7,765	5,995
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	80,000	80,000		
20	Interest	902,203	902,203		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,008,321	4,000,827	7,494	
23	Insurance				
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	Equipment Rental & Main	3,043,508	3,024,018	11,859	7,631
b	student activities/enro	2,314,950	2,314,950		
c	food plan purchases	1,945,753	1,945,753		
d	BEC TRAINERS AND OUTSID	1,578,657	1,578,657		
е	athletic teams	1,578,570	1,578,570		
f	All other expenses	4,474,782	3,900,213	343,427	231,142
25	Total functional expenses. Add lines 1 through 24f	62,200,196	59,574,521	1,766,392	859,283
26	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				
. —					

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			92,923	1	87,629
	2	Savings and temporary cash investments			11,635,270	2	11,827,251
	3	Pledges and grants receivable, net			73,018	3	9,994
	4	Accounts receivable, net	-		3,611,808		3,208,208
	5	Receivables from current and former officers, directors, trustee	s. kev	emplovees, and		_	<u> </u>
		highest compensated employees Complete Part II of	o,,	p.10,000, aa			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II (		n 4958(f)(1)) and			
		Schedule L				6	
ssets	7	Notes and loans receivable, net			7,610,071	7	4,186,105
8	8	Inventories for sale or use			229,498	8	263,648
⋖	9	Prepaid expenses and deferred charges			3,024,857	9	3,486,640
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	135,389,074			
	ь	Less accumulated depreciation	10b	50,850,269	82,186,656	10c	84,538,805
	11	Investments—publicly traded securities			58,193,167	11	62,730,111
	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			1,168,824	15	1,126,021
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			167,826,092	16	171,464,412
	17	Accounts payable and accrued expenses .			5,069,139	17	5,598,923
	18	Grants payable				18	
	19	Deferred revenue			935,825	19	1,005,475
	20	Tax-exempt bond liabilities			20,640,000	20	15,880,000
<u>.</u>	21	Escrow or custodial account liability Complete Part IV of Schedu.	le D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified	•				
ä		persons Complete Part II of Schedule L				22	3,040,000
	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			5,888,261	25	6,134,756
	26	Total liabilities. Add lines 17 through 25			32,533,225	26	31,659,154
J.		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	olet e l	ines 27			
Fund Balance		through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			85,424,104		86,297,690
ä	28	Temporarily restricted net assets			18,525,847	28	21,074,596
Ξ	29	Permanently restricted net assets			31,342,916	29	32,432,972
⊒		Organizations that do not follow SFAS 117, check here ► a	nd con	nplet e			
ō	30	lines 30 through 34.			30		
Assets	30	Capital stock or trust principal, or current funds					
S	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	inus		135,292,867	32	130 905 359
Net	33	Total labelities and not people (find belongs				33	139,805,258
	34	Total liabilities and net assets/fund balances			167,826,092	34	171,464,412

### Part XI Financial 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 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	2c	Yes	
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 separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? 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	Yes	

Form **990** (2009)

### OMB No 1545-0047

### **SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection

Employer identification number

Milwaukee School of Engineering 39-0477970 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i).  $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 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 ) An organization that normally receives (1) more than 331/3% 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 Seesection 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 Type III - Other Type I **b** Type II 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) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	Name of (ii) (described on supported EIN lines 1 - 9 above		(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	(vii) A mount of support?	
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
3	purpose Gross receipts from activities that				+		
3	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 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(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						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

### **Additional Data**

Software ID: Software Version:

**EIN:** 39-0477970

Name: Milwaukee School of Engineering

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	n services				
(Code	) (Expenses \$	10,821,066	including grants of \$	) (Revenue \$	16,693,614 )
Research and grar mission of the sch	•	for school supp	port, investment activity of sch	ool assets, all contributing t	to the educational

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per	Posi t	(C tion ( hat a	che	')		ı	( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
agustın ramırez board of regents	1 00	х						0	0	0	
alan ruud board of regents	1 00	Х						0	0	0	
allen carlson board of regents	1 00	Х						0	0	0	
brian stark board of regents	1 00	Х						0	0	0	
Carl Marschke Vice-chairman	1 00	Х						0	0	0	
clyde denton board of regents	1 00	Х						0	0	0	
craig leipold board of regents	1 00	X						0	0	0	
curt culver board of regents	1 00	Х						0	0	0	
davıd doerr board of regents	1 00	Х						0	0	0	
david uihlein board of regents	1 00	X						0	0	0	
dwight diercks board of regents	1 00	Х						0	0	0	
eckhart grohmann board of regents	1 00	Х						0	0	0	
frank jaehnert board of regents	1 00	Х						0	0	0	
FRED LUBER Board of regents	1 00	Х						0	0	0	
frederick kuester board of regents	1 00	Х						0	0	0	
Gary A Stimac Board of Regents	1 00	Х						0	0	0	
george dalton board of regents	1 00	Х						0	0	0	
george prescott board of regents	1 00	Х						0	0	0	
gerald lestina board of regents	1 00	Х						0	0	0	
jack blank board of regents	1 00	Х						0	0	0	
James Ericson Board of Regents	1 00	Х						0	0	0	
james klauser board of regents	1 00	Х						0	0	0	
JAMES WIGDALE Board of regents	1 00	Х						0	0	0	
Jay V Loewı Board of Regents	1 00	Х						0	0	0	
John E Duncan Board of Regents	1 00	×						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours per		tion ( that a	(che	′)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
John L Cain Board of Regents	1 00	×						0	0	0	
John mellowes board of regents	1 00	х						0	0	0	
john shiely board of regents	1 00	×						0	0	0	
john splude board of regents	1 00	х						0	0	0	
Kathy Ruehlow Board of Regents	1 00	x						0	0	0	
kerry woody board of regents	1 00	×						0	0	0	
larry schotz board of regents	1 00	Х						0	0	0	
loraine schuffler board of regents	1 00	х						0	0	0	
mark train board of regents	1 00	Х						0	0	0	
michael borber board of regents	1 00	х						0	0	0	
michael cudahy Board of regents	1 00	Х						0	0	0	
Paul Luber Board of Regents	1 00	х						0	0	0	
rıchard jacobus board of regents	1 00	х						0	0	0	
ROBERT ARZBAECHER Board of regents	1 00	х						0	0	0	
robert hillis board of regents	1 00	х						0	0	0	
robert kern board of regents	1 00	х						0	0	0	
robert wagner board of regents	1 00	Х						0	0	0	
scott moon board of regents	1 00	Х						0	0	0	
susan feith board of regents	1 00	Х						0	0	0	
terry anderson board of regents	1 00	Х						0	0	0	
thomas hauske board of regents	1 00	Х						0	0	0	
Tım Sullıvan Board of regents	1 00	Х						0	0	0	
william van dyke board of regents	1 00	х						0	0	0	
willie davis board of regents	1 00	х						0	0	0	
Wolfgang Schmidt Board of Regents	1 00	×						0	0	0	

# Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

<b>(A)</b> Name and Title	(B) A verage hours	1	<b>(C)</b> Position (check all that apply)					( <b>D)</b> Reportable compensation from the	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Armund Janto VP-finance	50 00			х				194,029	0	30,336
Frank Habıb VP-Development	50 00			х				204,718	0	28,190
Hermann Viets PhD President	50 00			х				350,411	0	133,094
JOHN TORINUS vice President	50 00			х				0	0	0
patrick coffey VP-Student Life	50 00			х				112,890	0	26,278
roger frankowskı V P - A cademics	50 00			х				168,858	0	10,188
Tım Valley VP-Enrollment	50 00			х				134,987	0	27,274
David Hall Trainer	40 00					х		234,035	0	24,612
Jeff Blessing Professor	40 00					х		173,696	0	25,597
John Zachar professor	40 00					х		140,704	0	15,870
Owe Peterson Faculty Chair	40 00					х		144,863	0	24,955
ronald gerrits professor	40 00					х		146,292	0	9,175

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Equipment Rental & Main	3,043,508	3,024,018	11,859	7,631
student activities/enro	2,314,950	2,314,950		
food plan purchases	1,945,753	1,945,753		
BEC TRAINERS AND OUTSID	1,578,657	1,578,657		
athletic teams	1,578,570	1,578,570		

DLN: 93493131018351

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Name of the organization **Employer identification number** Milwaukee School of Engineering 39-0477970

Par	organizations Maintaining Donor A		unds d	or Accounts	s. Complete	e if the
	organization answered Tes to Form .	(a) Donor advised funds	(	<b>b)</b> Funds and	other accoun	ts
1	Total number at end of year		_	-		
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
	Aggregate value at end of year					
5	Did the organization inform all donors and donor ad	visors in writing that the assets held in don	or advi	sed		
	funds are the organization's property, subject to th				☐ Yes	┌ No
	Did the organization inform all grantees, donors, are used only for charitable purposes and not for the beconferring impermissible private benefit	enefit of the donor or donor advisor, or for a	ny othe	r purpose	┌ Yes	☐ No
	t II Conservation Easements. Complet		o Form	1 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space	Preservation of an Preservation of an	certified	historic struc	•	
2	Complete lines 2a-2d if the organization held a que assement on the last day of the tax year	alified conservation contribution in the form	ofaco	nservation		
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easemen	ts	2b			
c	Number of conservation easements on a certified h	nstoric structure included in (a)	2c			
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d			
	Number of conservation easements modified, trans	ferred, released, extinguished, or terminate	ed by th	e organızatıon	during	
4	Number of states where property subject to conser	vation easement is located 🗠				
5	Does the organization have a written policy regards enforcement of the conservation easements it hold		dling of	violations, and	d	┌ No
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing conservation easem	nents du	ırıng the year	<b>-</b>	
7	A mount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easement:	s during	the year ► \$		
8	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas  TITI Organizations Maintaining Collect	f the footnote to the organization's financial ements	statem	nents that des	cribes	
	Complete if the organization answered					
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	ld for public exhibition, education or resear	ch ın fur			,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these items	r public exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$	7,20	8,228
	If the organization received or held works of art, his following amounts required to be reported under SF		or financ			
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
b	Assets included in Form 990, Part X			<b>▶</b> \$		

'ar	Organizations Maintaining Co	llections of Art	<u>, His</u>	torical	Treas	ures, or O	<u>the</u>	<u>r Similar A</u>	sse	ts (co	ntınued,
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne followir	ng that a	ire a significa	nt u	se of its colle	ctıor	า	
а	▼ Public exhibition		d	┌ Loa	an or ex	change progr	ams				
b	Scholarly research		e	┌ Ot	her						
c	✓ Preservation for future generations										
ŀ	Provide a description of the organization's co	ollections and expla	ın hov	w they fur	ther the	organization	's ex	empt purpose	ın :		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•				ular	Г	Yes	√ No
Pa i	t IV Escrow and Custodial Arrang					on answere	d "Y	es" to Form	990	),	
	Part IV, line 9, or reported an an										
.a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	for contr	ibutions	or other ass	ets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		г		_			
						-		A	mou	ınt	
с	Beginning balance					-	1c				
d	Additions during the year					-	1d				
e	Distributions during the year					-	1e				
f	Ending balance					L	1f				
a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	If the organization (a)Current Year		wered " Prior Year				t IV, line 10 Three Years Bad		NEOUR V	ears Back
а	Beginning of year balance	33,722,431	(L	39,709		TWO TEATS DACE	\ \ (u	Jilliee Teals bac	ع) ۸	) Our Te	ais baci
b	Contributions	1,171,479		•	,815		+		+		
c	Investment earnings or losses	3,828,186		-5,205			+		+		
d	Grants or scholarships			<u> </u>							
e	Other expenditures for facilities	1,224,045		1,507	7,859		$\top$				
	and programs										
f	Administrative expenses				15						
g	End of year balance	37,498,051		33,722	2,431						
	Provide the estimated percentage of the yea	r end balance held a	is								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment F 100.000 %										
c	Term endowment 🕨										
a	Are there endowment funds not in the posses	ssion of the organiza	ation 1	that are h	neld and	administered	d for	the			
	organization by  (i) unrelated organizations								a(i)	Yes	No No
	(ii) related organizations		٠	· • •					a(ii)		No
ь	If "Yes" to 3a(II), are the related organization						٠.	· · · ⊢	3b		
	Describe in Part XIV the intended uses of th	e organization's end	lowme	ent funds							
aı	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee Form	า 990, เ	Part X, line	10.				
	Description of investment			(a) Cost basis (inv	or other estment)	(b)Cost or ot basis (othe		(c) Accumulate depreciation	ed	( <b>d</b> ) Boo	ok value
a	Land		•			7,207	,273			-	7,207,27
b	Buildings					84,970	,325	27,388,7	60	57	7,581,56
c	Leasehold improvements										
d	Equipment					41,825	,058	23,461,5	509	18	3,363,549
e	Other					1,386	,418		T		1,386,418

84,538,805

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	( <b>b)</b> Book value		od of valuation f-year market value
Financial derivatives			, , , , , , , , , , , , , , , , , , , ,
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See	Form 990 Part X line	] 13	
			od of valuation
(a) Description of investment type	(b) Book value		f-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			
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	5.)		
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	( <b>b</b> ) A mount		
Federal Income Taxes	- ,		
	280.763		
asset retirement obligation  DEFERRED SUPPORT	280,763		
	1,303,149		
ACCUM POST-RETIREMENT BENEFITS	2,533,523		
US GOV'T GRANTS REFUNDABLE	2,017,321		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	6,134,756		
1 ( ( b) onound equal ( onn 550, ) are A, col ( b) line 25 )	0,134,/50		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	62,996,538
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	62,200,196
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	796,342
4	Net unrealized gains (losses) on investments	4	3,201,554
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	514,495
9	Total adjustments (net) Add lines 4 - 8	9	3,716,049
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,512,391
Par	t 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	66,712,587
2	A mounts 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) 2d 514,495		
e	Add lines <b>2a</b> through <b>2d</b>	2e	3,716,049
3	Subtract line <b>2e</b> from line <b>1</b>	3	62,996,538
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)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	62,996,538
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	62,200,196
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	62,200,196
4	Amounts 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		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	62,200,196
Par	t XIV Supplemental Information		
Can	onlete this part to provide the descriptions required for Part II lines 2. F. and 0. Part III lines 15 and 4. Di	art 11/	lines 1 h and 2 h

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

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 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 Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Part III, Line 4		"Man at Work" collection is a collection of paintings and sculptures depicting various trades and professions from medieval times to the present. The collection was made possible from restricted donations. The work theme is utilized in various locations of the academic curriculum for students in engineering, business and nursing.
Part V, Line 4	Description of Intended Use of Endowment Funds	Endowments are used for whatever the donor intent is stated Endowed scholarships for student financial assistance is approximately 70% of the total endowment. The remainder is donor designated for school programs or facility improvements, all with the intent of enhancing the schools educational mission.
Part XI, Line 8 - Other Adjustments		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 146791 Unrealized Post-Retirement Benefit Loss 367704
Part XII, Line 2d - Other Adjustments		change in split interest agreement 146791 Unrealized Post- Retirement Benefit Loss 367704

**Employer identification number** 

### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Milwaukee School of Engineering

# **Schools**

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public

	39-0477970			
			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?	1	Yes	
2	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?	2	Yes	
3	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 the nondiscriminatory statement has been included in publications, brochures and mission statement	3	Yes	
4	Does the organization maintain the following?			
а	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, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a	<u> </u>	N o
b	Admissions policies?	5b		Νo
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		Νo
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)  Does the organization receive any financial aid or assistance from a governmental agency?	- - 6a	Yes	
Ь	Has the organization's right to such aid ever been revoked or suspended?	6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) #  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 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form	_		
	or Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? It ino, explain on Schedule O (Form	7	Yes	l

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DLN: 93493131018351

OMB No. 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

> Phone solicitations In-person solicitations

Department of the Treasury

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions. Employer identification number Name of the organization Milwaukee School of Engineering Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

(i) Name of individual or entity (fundraiser)	(ii) Activity	fundraiser have custody or control of contributions?		custody or control of contributions?		fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization														
		Yes	No																					
Total			<b>.</b>																					

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  Regent Golf	(b) Event #2  President Golf	(c) O ther Events	(Add col	tal Eve (a) th	
			(event type)	(event type)	(total number)			
P.	1	Gross receipts	129,219	100,394			22	9,613
Revenue	2	Less Charitable contributions	9,184	8,036			1	7,220
	3	Gross income (line 1 minus line 2)	120,035	92,358			21	2,393
	4	Cash prizes						
မွာ	5	Non-cash prizes						
suse	6	Rent/facility costs	20,088	22,811			4	2,899
Expenses	7	Food and beverages						
Direct	8	Entertainment						
ā	9	Other direct expenses .	5,818	6,269			1.	2,087
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)			5	4,986
	11	Net income summary Combine II	nes 3, column d, and line	10			15	7,407
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pai	rt IV, line 19, or repo	orted mor		
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add col	tal gam (a) th	
_	1 0	Gross revenue				1		
မွ	2	Cash prizes						
Expenses	3 1	Non-cash prizes						
	4 F	Rent/facility costs						
Direct	5	Other direct expenses						
	6 V	/olunteer labor	Г Yes	Г Yes	Г Yes			
	7 [	Direct expense summary Add line	s 2 through 5 in column (	d)				
	8 1	Net gaming income summary Com	bine lines 1, column d, ai	nd line 7	<u> ▶</u>		1	T
9 a		r the state(s) in which the organizate organization licensed to operate				· 9a	Yes	No
b		o," Explain				74		
						$\Box$		
10a b		eany of the organization's gaming es," Explain	licenses revoked, susper	nded or terminated during	the tax year?	10a		
				ure ?				
11	Doge	the organization operate gaming	activities with honmembe					

		Yes	No					
13	Indicate the percentage of gaming activity operated in							
а	The organization's facility							
b	An outside facility							
14	Enter 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?	,						
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+						
	amount of gaming revenue retained by the third party 🟲 \$							
c	If "Yes," enter name and address							
	Name 🟲							
	Address •							
16								
16	Gaming manager information							
	Name 🟲							
	Name F							
	Gaming manager compensation 🕨 \$							
	Description of services provided -							
	Director/officer Employee Independent contractor							
	I Independent contractor							
<b>.7</b>	Mandatory distributions							
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to							
	retain the state gaming license?	<u> </u>						
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 ▶ \$	1						

DLN: 93493131018351

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

11111	raukee School of Engineering		39-0477970			
Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provided 990, Part VII, Section A, line 1a Complete Part III to pr					
	First-class or charter travel	Housing allowance or residence for	personal use			
	Travel for companions	Payments for business use of perso	nal residence			
	,	Health or social club dues or initiati	on fees			
	Discretionary spending account	Personal services (e g , maid, chauf	feur, chef)			
b	If any of the boxes in line 1a are checked, did the organiz reimbursement orprovision of all the expenses described		•	1b		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?					
3	☐ Independent compensation consultant ☐					
4	During the year, did any person listed in Form 990, Part \orangle or a related organization	/II, Section A , line 1a with respect to t	he filing organization			
а	Receive a severance payment or change-of-control paym	nent?		4a		Νo
Ь	Participate in, or receive payment from, a supplemental n	onqualified retirement plan?		4b		Νo
	Participate in, or receive payment from, an equity-based	·		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide		n Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must co For persons listed in form 990, Part VII, Section A, line 1 compensation contingent on the revenues of	<u>•</u>	ny			
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, line 1 compensation contingent on the net earnings of	La, did the organization pay or accrue a	ny			
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, line payments not described in lines 5 and 6? If "Yes," descri		n-fixed	7		Νo
8	Were any amounts reported in Form 990, Part VII, paid o subject to the initial contract exception described in Reg in Part III	·		8		Νο
9	If "Yes" to line 8, did the organization also follow the rehi	ittable presiimption procedure describe	d in Regulations			

section 53 4958-6(c)?

### 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	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Armund Janto	(I) (II)	194,029 0	0	0 0	10,350	19,986 0	224,365	
Frank Habib	(ı) (ıı)	204,718 0	0	O C	11,400	16,790 0	232,908	
Hermann Viets PhD	(ı) (ıı)	350,411 0	0	O C	17,160 0	115,934 0	483,505	
roger frankowskı	(ı) (ıı)	168,858 0	0	O C	9,558	630 0	179,046	
Tım Valley	(ı) (ıı)	134,987 0	0	O C	7,386	19,888 0	162,261	
David Hall	(ı) (ıı)	234,035	0	-	4,785	19,827 0	258,647	
Jeff Blessing	(ı) (ıı)	173,696 0	0	O C	9,832	15,765 0	199,293	
John Zachar	(ı) (ıı)	140,704	0	0	7,954	7,916 0	156,574	
O we Peterson	(ı) (ıı)	144,863 0	0	'I	8,200	16,755 0	169,818	
ronald gerrits	(I) (II)	146,292	0	0 0	8,281	894 0	1 155,467 0 0	
			<u> </u>					
		<u> </u>	<u> </u>					1
		,	1			<u> </u>		

### 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	Ret urn Ref erence	Explanation
		The school provides its President with a residence on campus. All utilities, upkeep, maintenance and repairs are paid by the school. There is no written policy regarding this arrangement.

Schedule J (Form 990) 2009

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Schedule K (Form 990)

# **Supplemental Information on Tax Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspect ion

Department of the Treasury Internal Revenue Service Name of the organization

Milwaukee School of Engineering

Employer identification number

Milw	vaukee School of Engineerng									39-04	77970			
Pa	art I Bond Issues									•				
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	Price	(f) Description of Purpose		<b>(g)</b> De	(g) Defeased		On alf of uer	
								Yes	No	Yes	No			
A	City of Milwaukee	39-1186734	60242EGM7	07-01-	2003	7,0	000,000	Campus Bui	ldıngs			х	x	
Pa	rt III Proceeds			1	•	1								
	1 Total proceeds of issue					E	3		:		<b>)</b>		E	
1	·				7,000,000	)								
	Gross proceeds in reserve funds													
3	Proceeds in refunding or defeasance escrows													
4	O ther unspent proceeds													
5	Issuance costs from proceeds				127,000									
6	Working capital expenditures from proceeds													
7	Capital expenditures from proceeds				6,873,000									
8	Year of substantial completion			20	04									
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of	a current refunding is	ssue?		Х									
10	Were the bonds issued as part of	an advance refundinç	ıssue?		Х									
11	Has the final allocation of proceed	ds been made?		Х										
12	Does the organization maintain active the final allocation of proceeds?	dequate books and re	cords to support	х										
Pai	rt IIII Private Business Use	<u> </u>		<u> </u>			<u> </u>	l						
					4	Е	3			[	)		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No
1	Was the organization a partner in which owned property financed by		ember of an LLC,		Х									
2	A re there any lease arrangements with respect to the financed property which may result in private business use?				х									
For F	Privacy Act and Paperwork Reduction A	Act Notice, see the Inst	ructions for Form 990			Cat No 50	0193E				Schedule	K (Form	990) 20	09

Par	t IIII Private Business Use (Continued)											
			Α		В		С		D		E	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to financed property which may result in private business use?	the		Х								
3b	Are there any research agreements with respect to the financed which may result in private business use?	property		x								
3с												
4	Enter the percentage of financed property used in a private busing by entities other than a section 501(c)(3) organization or a stategovernment											
5	Enter the percentage of financed property used in a private businas a result of unrelated trade or business activity carried on by organization, another section 501(c)(3) organization, or a state government	your										
6	Total of lines 4 and 5											
7	Has the organization adopted management practices and proced ensure the post-issuance compliance of its tax-exempt bond lia		Х									
Pai	rt IV Arbitrage											
			Α		В		С		D		E	
		Yes	No	Yes	No	Ye	s l	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	х										
2	Is the bond issue a variable rate issue?		Х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		х									

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DLN: 93493131018351

2009

OMB No 1545-0047

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Transactions with Interested Persons

Open to Public Inspection

**Employer identification number** Name of the organization Milwaukee School of Engineering 39-0477970 **Part I** Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, If any, on line 2, above, reimbursed by the organization . . . Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to Approved (g)Written (e) In or from the (a) Name of interested person and (c)O riginal by board or (d)Balance due default? agreement? organization? principal amount purpose committee? From Yes Τо Yes No No Yes No Grohmann Industries Χ 3,040,000 3,040,000 Yes Mortgage **>** \$ 3,040,000 Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization **Business Transactions Involving Interested Persons.** Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (c) A mount of organization's (a) Name of interested person (d) Description of transaction revenues? person and the transaction organization Yes No David Uihlein Jr David is on the Board Uıhleın-Wılson Architects serve Νo of Regents and as the organizations campus President of Uihleinplanner and architects for major Wilson Architects building and renovation projects This relationship is carried out at an arm's length manner M&I Bank is the commercial James Wigdale James is on the Board Nο of Regents and bank for the school and also Chairmain of M&I Bank fund manager for our endowment fixed income portfolio This relationship is carried out at an arm's length manner Frederick Kuester Frederick is on the WE Energies provide the Νo

Board of Regents and

Energies

President & CEO of WE

organization with natural gas

arm's length manner

and electrical resources. This

relationship is carried out at an

DLN: 93493131018351

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

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

					39-0477970			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of	<b>d)</b> determir nues	าเทฐ	
1	Art—Works of art	аррисавис		1 19				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock	•						
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
	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							
	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	hydaulic							
	Other ► ( <u>valves</u> )	X	1					
	Other ► ( track drives )	X	1	,				
	Other ► ( <u>poster maker</u> )	X	1	10,410				
28	Other ► ( flow meter )	X	1	7,000	fmv			
29	Number of Forms 8283 received		<del>-</del> •		29			
	for which the organization comp	leted Form a	3283, Part IV, Donee Ackr	nowledgement	25			
20-	During the year, did the organiz	ation receiv	a by contribution any prope	erty reported in Bart I. lines	1 20 +hat it	$\overline{}$	Yes	No
SUA								
	must hold for at least three yea				d to be used			N.a.
_	for exempt purposes for the ent					30a		No
	If "Yes," describe the arrangem							
31	Does the organization have a gi					31		Νo
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash • • • • •	32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not repor	t revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

Page 2

#### Part II

**Supplemental Information.** 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 Return Reference Explanation

Schedule M (Form 990) 2009

Software ID: Software Version:

**EIN:** 39-0477970

Name: Milwaukee School of Engineering

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DLN: 93493131018351

**SCHEDULE 0** 

(Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information to Form 990** 

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

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Milwaukee School of Engineering Employer identification number

39-0477970

ldentifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	Bachelors to Masters Degree in Civil Engineering

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A copy of the filed Form 990 is provided to the Audit and Finance Committee of the Board of Regents for their review

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

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