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## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning April 1 2010, and ending 20 11 March 31 C Name of organization Milwaukee Institute, Inc. D Employer identification number Check if applicable Doing Business As Address change 26-0724304 Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change 414-727-6424 Initial return 411 East Wisconsin Avenue 1280 City or town, state or country, and ZIP + 4 Terminated Milwaukee, WI 53202-4461 Amended return G Gross receipts \$ 768,385 F Name and address of principal officer Jay S. Bayne Application pending H(a) Is this a group return for affiliates? Yes No 411 East Wisconsin Avenue Ste. 1280 Milwaukee, WI 53202-4461 H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status √ 501(c)(3) 501(c) ( ) ◀ (insert no ) ☐ 4947(a)(1) or Website: ▶ www.mkei.org H(c) Group exemption number ▶ Form of organization Corporation Trust ☐ Association ☐ Other ▶ 2007 M State of legal domicile WI Year of formation Summary Part I Briefly describe the organization's mission or most significant activities: The Milwaukee Institute is dedicated to advancing scientific research, education, and economic development through expansion and more effective use of available scientific and Activities & Governance technology resources in the Southeast Wisconsin seven county region surrounding Milwaukee. Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) . 4 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 1 6 Total number of volunteers (estimate if necessary) 6 3 Total unrelated business revenue from Part VIII, column (C) ine 7a 0 7a Net unrelated business taxable income from Form 990-T, line 34 7h 0 Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) . . . 225,047 771,572 9 Program service revenue (Part VIII, line 2g) 898 10 Investment income (Part VIII, column (A), lines 3, 4, and 7 14,341 (4,086)Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 17e) 11 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12 239,388 768,384 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . Benefits paid to or for members (Part IX, column (A), line 4) . 14 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 242,075 193,473 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . . 17 72,339 121,940 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 314.414 315,413 19 Revenue less expenses. Subtract line 18 from line 12 (75,026)452,971 **Beginning of Current Year** End of Year 20 Total assets (Part X. line 16) 207,475 660,446 21 Total liabilities (Part X, line 26) . 0 22 Net assets or fund balances. Subtract line 21 from line 20 207.475 660.446 Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer beher than officer) is based on all information of which preparer has any knowledge Sign Signature of office

Jay S. Bayne Type or print name and title	· · · · · · · · · · · · · · · · · · ·
Print/Type preparer's name	Preparer's signature
Firm's name ▶	
	Type or print name and title

Date Check I if self-employed

05/23/2011

11111011110		1 11111 3 2114	 _	
Firm's address ▶		Phone no		
discuss this return with the preparer shown above? (see instructions) .	 		 	Yes 🗌 N

For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS

Cat No 11282Y

Form **990** (2010)

) (Revenue \$

Other program services. (Describe in Schedule O.)

Total program service expenses ▶

including grants of \$

206,614

(Expenses \$

Part	IV Checklist of Required Schedules			
		•	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	-		<u>,</u>
	Part III	5	<u> </u>	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>v</b> ✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			· ·
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<b>√</b>	
b	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	11b		1
С	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	11c		<b>√</b>
d	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	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	,	1
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 (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		1
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		<b>√</b>
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	IV Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	<b>✓</b>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
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		1
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		1
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		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>✓</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		, ,
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		· ✓
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? If "Yes," complete Schedule R, Part I	33		<b>√</b>
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		<i>,</i>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		1
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	✓	

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	The state of the s	<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   0			<del> </del>
b	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	ĺ		
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	, , , , , , , , , , , , , , , , , , , ,			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	ļ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За b	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b		<b>/</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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		<b>✓</b>
þ	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).	OD		
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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			ļ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>/</b>
9 h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7h		<del> </del>
Ū	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			*
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>
а	Did the organization make any taxable distributions under section 4966?	9a	·	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders		•	
a b	Gross income from members or shareholders			
_	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		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			i -
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 140	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		

Part	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions.	es in	and	
<u>C4</u> :	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	•	<u>· Ц</u>
Secti	on A. Governing Body and Management		Yes	No
1a b 2	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent .    Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		163	
3	any other officer, director, trustee, or key employee?	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?.  Does the organization have members or stockholders?	4 5 6		√ √ √
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		<b>✓</b>
a b 9	The governing body?	8a 8b 9	<b>✓</b>	1
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	ļ
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	7	İ İ
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
13	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
14	Does the organization have a written document retention and destruction policy?	14	7	<del> </del>
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?	**		Ž
a b	The organization's CEO, Executive Director, or top management official	15a 15b	<b>√</b>	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	16a		<b>√</b>
b	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		
	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Wisconsin  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.	)s onl	y) ava	ılable
19	Own website Another's website  Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► Jonathon P. Gladieux, 411 E Wisconsin Ave Ste 1280 Milwaukee, WI 53202 (414) 727-6418	of the		

Form	990	(2010)	
-orm	990	(2010)	

Dago	-

Part VII	Compensation of Officers, Directors,	Trustees,	Key Employees,	Highest Compensate	d 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.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.  (A) (B) (C) (D) (E) (F)										
Name and Title	Average	Posit	ion (c		Reportable	Estimated				
	hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Jay S. Bayne	40							181,558	0	(
Executive Director	<b></b>	✓		✓	✓	<b>✓</b>		101,550	0	
(2) Jonathon P. Gladieux	20-30							0	0	
Director of Operations	20-30			✓						
(3) John T. Byrnes	5-10							0	o	
Chairman	3-10	✓		✓					"	,
(4) Walter J. Skipper	2-8					-		0	0	
Treasurer & Secretary	2-0	✓		✓					l d	_ (
(5) Sujeet Chand	1							0	0	(
Director	<b>'</b>	✓						U	0	•
(6) Rocky Marcoux	. 1							0	0	
Director	<b>'</b>	✓						١	0	(
(7) Troy Bradley	. 1							0	0	
Director	<b>'</b>	✓							ا	(
(8) Brian Cooke	1							0		
Director	<b>.</b>	<b>\</b>							. 0	(
(9)	-									
(10)										<del>.</del>
(11)										
(12)										. <u></u>
(13)										<del> </del>
(14)										
(15)										
(16)										-

Part	Section A. Officers, Directors, Trus (A)	(B)		Jyce		<del>)</del>	ingii	-	(D)	(E)	Taride		(F)	
•	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	Officer	ल Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fro related organizations (W-2/1099-MISC		amo ot compe from organ and r	mated bunt of ther ensation the nization related izations	1
(17)														
(18)														
(19)														
(20)								-			1			
(21)											_			
(22)														
(23)														
(24)											<del>   </del>			
(25)														
(26)									-					
(27)									<u> </u>					
(28)						-		-					<u>.                                      </u>	
1b	Sub-total		<u> </u>				<u> </u>		181,558		+			
С	Total from continuation sheets to Part	VII, Sectio	n A					<b>&gt;</b>						
d	Total (add lines 1b and 1c)					ed		2) W	181,558	<del></del>	 000 in			
	reportable compensation from the organi			.030	, 1130	.cu	above	-) <b>**</b>		ore than \$100,				
3	Did the organization list any former of	Hoor direc					ا سا		dayaa ay byah		آ سمد		Yes	No
3	employee on line 1a? If "Yes," complete s											3		7
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	greater th	an \$1		000			s,"	complete Sch	nedule J for s	uch	4		
<sup>-</sup> 5	Did any person listed on line 1a receive of	or accrue co	ompe					 un	related organiz	zation or indivi	dual	-	<b>✓</b>	
	for services rendered to the organization	? If "Yes," o	compl	ete	Sch	edu	ıle J f	or s	such person		. [	5		1
Section 1	on B. Independent Contractors  Complete this table for your five highest of	component	od in		and	ont	contr	act	ore that recove	nd more than 9	100.00	00 of		
	compensation from the organization.	compensat	eu iii	Jepe	cnu	GIIL	COIII	acti	ors mar receive	ed more man q	,100,00	JO 01		
	(A) Name and business address  (B) Description of services Com							(C) mpens	ation					
		<del></del>												
2	Total number of independent contractor received more than \$100,000 in compens								nose listed ab	ove) who				

Part	VIII	Statement of Rev	enue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ts	1a	Federated campaigns	1a					
Jrar	b	Membership dues .	1b					
s, g am	С	Fundraising events .	1c					
gift lar i	d	Related organizations	i 1d					
im,	е	Government grants (con						İ
utio er s	f	All other contributions, gr						
oth		and similar amounts not inc	L	771,572				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions includ	·					
	h	Total. Add lines 1a-1	<u> </u>	Business Code	771,572			
Program Service Revenue	20	HPC Systems & Service	200	541700	898	900		
Seve	2a b			341700	990	898		
Ge C	C		,	<del></del>				
ervi	d							
S E	e							
gra	f	All other program serv						
P	g	Total. Add lines 2a-2		•	898	> %	,	
	3	Investment income	(including divide	ends, interest,				•
		and other similar amo	•	•	5		<u></u>	5
	4	Income from investment	•	-				
	5	Royalties	(i) Real	(ii) Personal	>.			
	6-	Cross Donts	(i) neai	(II) Personal	. * * :		* * * .	
	6a	Gross Rents Less rental expenses			* \$ % 7		****	
	b	Rental income or (loss)			* # 4		4	,
	d	Net rental income or (		•				<u> </u>
	7a	Gross amount from sales of	(i) Secunties	(ii) Other	-	: '%' '	3	¥ > 4 ·
		assets other than inventory	732,281			, &	4	, * \$ ·
	b	Less. cost or other basis				,,,	& *	• ,
		and sales expenses .	736,372					,
	С	Gain or (loss)	(4,091)					
	d	Net gain or (loss) .		<u> ▶</u>	(4,091)			(4,091)
<u>o</u>	0-	C					,	
enne	8a	Gross income from fu events (not including \$	nuraising			-	* *	
ě		of contributions reporte	ed on line 1c)				*	
7		See Part IV, line 18 .					>	
Other Rev	ь	Less: direct expenses						
0		Net income or (loss) fi		events . ►			·	
		Gross income from ga		-				
		See Part IV, line 19 .	$\cdots$ $\cdot$ a					
		Less: direct expenses						
		Net income or (loss) fi		vities ▶				
	10a	Gross sales of in						
		returns and allowance	_					
		Less: cost of goods s Net income or (loss) fi						
	- 6	Miscellaneous R		Business Code				
	11a							<u> </u>
	b							
	С				_			
	d	All other revenue .						
	е	Total. Add lines 11a-					-	
	12	Total revenue. See in	structions	▶	768,384			

## Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do 1	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				T T T T T T T T T T T T T T T T T T T
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 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	181,558	90,779	90,779	
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 8	Other salaries and wages				
9	Other employee benefits	1,102	551	551	
10	Payroll taxes	10,813	5,406	5,407	
11	Fees for services (non-employees):				· · · · · · · · · · · · · · · · · · ·
а	Management				
þ	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17		Þ	No. 100	
f	Investment management fees				
g	Other	1,990		1,990	
12	Advertising and promotion	6,080		6,080	
13	Office expenses	1,375		1,375	
14	Information technology	40,847	40,847		
15	Royalties				
16	Occupancy	4.400			
17 18	Travel	1,400		1,400	
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,217		1,217	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	69,031	69,031		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column				7
	(A) amount, list line 24f expenses on Schedule O.)				
а					
b			-		
C					
d					
e	All alban and an area				
f	All other expenses  Total functional expenses. Add lines 1 through 24f		200 000	400 700	
25		315,413	206,614	108,799	
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X	Balance Sheet			Page <b>11</b>
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	31,774	1	334,861
2	Savings and temporary cash investments	20,216	2	228,028
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key	-		
	employees, and highest compensated employees. Complete Part II of			· · · · · · · · · · · · · · · · · · ·
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
3   _			6	
7 2	Notes and loans receivable, net		7	
٦	Inventories for sale or use		8	
9 10a	Prepaid expenses and deferred charges		. 9	2,803
IUa	atheritaria Carrilata Battiff of Octor II B			* ‡
Ь	conter basis. Complete Part VI of Schedule D  Less: accumulated depreciation   10b   131,662	147,036	100	86,304
11	Investments—publicly traded securities	147,030	11	80,304
12	Investments—other securities See Part IV, line 11	<del></del> -	12	<del></del>
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	8,450	15	8,450
16	Total assets. Add lines 1 through 15 (must equal line 34)	207,475	16	660,446
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
19	Deferred revenue	-	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Payables to current and former officers, directors, trustees, key	₩ ,	`	9
21 22	employees, highest compensated employees, and disqualified persons.			
i	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25		26	
	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	207,475	27	660,446
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds .		32	
27 28 29 30 31 32 33 33	Total net assets or fund balances	207,475	33	660,446
2 34	Total liabilities and net assets/fund balances	207,475	34	660,446

Form **990** (2010)

Par	XI Reconciliation of Net Assets				.go
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	ı		76	8,384
2	Total expenses (must equal Part IX, column (A), line 25)	+			5,413
3	Revenue less expenses. Subtract line 2 from line 1				2,971
_	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Other changes in net assets or fund balances (explain in Schedule O)				7,475
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,	+			
Ū	column (B))			66	0.446
Part	· · · · · · · · · · · · · · · · · · ·				0,440
	Check if Schedule O contains a response to any question in this Part XII				П
				Yes	No
1	Accounting method used to prepare the Form 990:	n in		,	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .	. 1	2a		1
b	Were the organization's financial statements audited by an independent accountant?	Ì	2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs of the audit, review, or compilation of its financial statements and selection of an independent accountain		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	n in	,		1, 3,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wissued on a separate basis, consolidated basis, or both.	/ere	,		* ************************************
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		,		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort the Single Audit Act and OMB Circular A-133?	h in	3a		<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audit		3b		
		L	For	n 990	(2010)

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

Department of the Treasury

Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 26-0724304 Milwaukee Institute, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 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.) 6 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 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. See section 509(a)(4). 11 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. a ☐ Type I c Type III-Functionally integrated **b** Type II d Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iu) Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (vi) Is the (vii) Amount of (ii) EIN (iv) is the organization (v) Did you notify in col (i) listed in your the organization in organization in col (described on lines 1-9) organization support col (i) of your support? governing document? (i) organized in the above or IRC section US? (see instructions)) Yes (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2010 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 Calendar year (or fiscal year beginning in) ▶ (f) Total Gifts, grants, contributions, and membership fees received. (Do not 130,000 650,200 225,047 771.572 1.776.819 include any "unusual grants.") . . . revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total, Add lines 1 through 3. . . 130.000 650.200 225.047 1.776.819 771.572 The portion of total contributions by each person (other than governmental unit or publicly 1,597,304 supported organization) included on line 1 that exceeds 2% of the amount n \* shown on line 11, column (f) . . . . Public support. Subtract line 5 from line 4. 179.515 Section B. Total Support (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ Amounts from line 4 . . . . 130,000 650.200 225,047 771,572 1,776,819 Gross income from interest, dividends, payments received on securities loans, 14,341 14,346 rents, royalties and income from similar sources . . . . . . . . . . . . Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . 11 Total support. Add lines 7 through 10 1,791,165 12 Gross receipts from related activities, etc. (see instructions) 898 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . 14 % 14 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . . . 15 % 15 16a 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 

b 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support				<u> </u>		•
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")					1	
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		ļ				
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		li				
6	Total. Add lines 1 through 5						,
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3					-	
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	. [	1	* * s.			,
	line 6)		(* (* (* (* (* (* (* (* (* (* (* (* (* (	,1 M	å	. 5	
Secti	on B. Total Support				<u> </u>		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
9	Amounts from line 6			-			
10a	Gross income from interest, dividends,	-					
	payments received on securities loans, rents,	  -					
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business	I					
	activities not included in line 10b, whether	  -					
	or not the business is regularly carried on				_		
12	Other income. Do not include gain or	  -					
	loss from the sale of capital assets	  -					
40	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,	ı					
	and 12.)		<u> </u>				
14	First five years. If the Form 990 is for the				-		
C4:	organization, check this box and stop her		<u> </u>	<u>· · · · · </u>	· · · · ·	· · · ·	· · <u> </u>
	on C. Computation of Public Suppor					· T . 2 · T	
15	Public support percentage for 2010 (line 8	3, column (t) di	vided by line 13	3, column (t))			<u>%</u>
16 Secti	Public support percentage from 2009 Sch	iedule A, Part	ntage	<del></del>	· · · ·	16	<u> </u>
<u> 17</u>	on D. Computation of Investment In			dina 40	(6)	1471	
	Investment income percentage for 2010 (Investment income percentage for 2000)					17	<u>%</u>
18	Investment income percentage from 2009					18	<u>%</u>
19a	331/3% support tests—2010. If the organi						
_	17 is not more than 33½%, check this box a						
b	331/3% support tests – 2009. If the organiz line 18 is not more than 331/3%, check this b						
20	<b>Private foundation.</b> If the organization di					_	_

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;	
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		·
		·
		<b></b> -
	······································	

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name of the organization Employer identification number Milwaukee Institute, Inc. 26-0724304 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year . . . . Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 . . . . . .

Assets included in Form 990, Part X ...

Part	III Organizations Maintaining	Collection	ons of Art	, Hist	oric	al Treasu	ıres, o	r Otl	ner Similar A	ssets (continued)
3	Using the organization's acquisition,	accession,	and other	recor	ds, c	check any	of the f	ollow	ing that are a	significant use of its
	collection items (check all that apply):									
а	Public exhibition			<b>d</b> [	$\supset$	Loan or ex	change	e pro	grams	
b	☐ Scholarly research			е [		Other				
C	☐ Preservation for future generation									
4	Provide a description of the organizat	ion's colle	ctions and	expla	ın ho	ow they fur	ther the	e orga	anızatıon's exe	empt purpose in Part
	XIV.					•				
5	During the year, did the organization									
	assets to be sold to raise funds rather									
Part		ingement	ts. Comp	lete if	the	organizat	ion ans	swer	ed "Yes" to F	orm 990, Part IV,
	line 9, or reported an amount ls the organization an agent, trustee,									
14	included on Form 990, Part X?									
<b>b</b>	If "Yes," explain the arrangement in Pa									∐ Yes ∐ No
b	ii res, explain the arrangement in Fa	art Aiv and	compiete	trie ioi	IOWI	ng table:			1	Amount
С	Beginning balance							1c		-inount
d	Additions during the year				•		•	1d		
e	Distributions during the year							1e		
f	Ending balance							1f	-	
2a	Did the organization include an amour									Yes No
	If "Yes," explain the arrangement in Pa		555, 1 4.11	Α,ο			•			
	V Endowment Funds. Comple		organizatio	on ans	swe	red "Yes"	to For	m 99	0. Part IV. lin	e 10.
		(a) Curren		(b) Prio			o years ba		(d) Three years ba	
1a	Beginning of year balance				-				* ^	` *
b	Contributions								* * , *	* * 1
С	Net investment earnings, gains, and								the state of the state of	*
	losses								-4 9'.A	
d	Grants or scholarships								~ », <u>*</u>	`_* <b> </b>
е	Other expenditures for facilities and							ĺ		«» «
	programs								· 🐉 🔌	
f	Administrative expenses		_							
9	End of year balance		<del>-</del>						· · · · ·	\$ -\$- W
2	Provide the estimated percentage of the			held as	s:					
a	Board designated or quasi-endowmer		. <b></b> %	)						
b	Permanent endowment ►  Term endowment ► %	%								
c 3a	Are there endowment funds not in the	noceaccu	on of the o	raaniz	ation	n that are h	oold and	d adr	ninistered for t	·ho
ou	organization by:	possessi		nganiz	auoi	i tilat ale i	ieiu aiii	u aui	illilistered for t	Yes No
	(i) unrelated organizations									3a(i)
	(ii) related organizations									3a(ii)
b	If "Yes" to 3a(ıı), are the related organı		ed as requ	ired o	n Sc	hedule R?				3b
4	Describe in Part XIV the intended uses									
Part	VI Land, Buildings, and Equip	ment. Se	e Form 99	90, Pa	ırt X	, line 10.	_		-	
	Description of investment	(a) (	Cost or other to (investment)	basis	(b) C	Cost or other b	asıs		ccumulated preciation	(d) Book value
1a	Land					,				<del></del>
b	Buildings									
С	Leasehold improvements									
d	Equipment		21	7,966					131,662	86,304
<u>e</u>	Other									
Total.	Add lines 1a through 1e. (Column (d) m	nust equal	Form 990,	Part X	, col	umn (B), Iir	e 10(c).	.) .	•	

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.	
(6	a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financia	l derivatives			·
	held equity interests			
(3) Other				
(A) (B)				
(C)				
(D)				
(E)				
(F)	•••••		<del> </del>	
(G)				
(H)				
(1)				
	(b) must equal Form 990, Part X, col (B) line 12.) ▶			····
Part VIII	Investments - Program Related	I		
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)			<del> </del>	
(6) (7)			<del></del>	
(8)				
(9)				· · - · - · · · · · · · · · · · · ·
(10)				•
	(b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, Pa			
	<u></u>	a) Description		(b) Book value
(1) Payroll	Escrow	<del>-</del>		8,450
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, c		<u> </u>	
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
	(a) Description of liability I income taxes	(b) Amount	4	
(2)	THOOME taxes		_	
(3)			-	
(4)			-	
(5)			1	
(6)				
(7)			7	
(8)				
(9)				
(10)				
(11)			_	
	(b) must equal Form 990, Part X, col (B) line 25.) ▶	<u> </u>		
	ASC 740) Footnote. In Part XIV, provide		the organization's financial state	ments that reports the
organization	n's liability for uncertain tax positions u	inaer FIN 48 (ASC 740).		

Schedule D (For	rm 990) 2010	Page <b>5</b>
Part XIV	Supplemental Information (continued)	
		***************************************
		***************************************
<b></b>		
	······	
		***************************************
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		•••••••••••••••••••••••••••••••••••••••

### **SCHEDULE J** (Form 990)

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Milwaukee Institute, Inc.

Part I Questions Regarding Compensation

Department of the Treasury Internal Revenue Service

Employer identification number 26-0724304

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
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?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☐ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
		,		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		ŵ	ž l
	organization or a related organization:	ستشب		
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			>
	compensation contingent on the revenues of:			
а	The organization?	5a		✓_
b	Any related organization?	5b	ļ	1
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of		<u></u>	<u>                                     </u>
а	The organization?	6a		<b>✓</b>
b	Any related organization?	6b		✓_
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed		1	,
_	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		<b>✓</b>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe	_		/
_	ın Part III	8	ļ	<b>/</b>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	Ι.	l

Page 2

Schedule J (Form 990) 2010

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

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

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

		(B) Breakdown c	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	Chostocka (A)	(E) Total of and	(E) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	(b) Noritaxable benefits	(E) (D) (B)(()+(D)	reported in prior Form 990-EZ
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	€							
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	€							
8	€				1		1	• • • • • • • • • • • • • • • • • • •
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4	€				1		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	8							
5	€				†	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * * * * * * * * * * * * * * * *
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	<b>E</b>							
7	€		1		1			;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	(3)							:
8	<u>(ii)</u>							
	(2)							
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	8							
10	<b>E</b>					6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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	8	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						
15	€							
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16	≘							

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010	
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.	Complete this pany additional in

#### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Milwaukee Institute, Inc. 26-0724304 Part VI. Line 11a. A draft of the Form 990 is provided to the Board of Directors for its review prior to its filing. The draft is provided to the Board of Directors in a board packet sent in advance of the meeting. Part VI. Line 15. The organization determined compensation for its Executive Director by identifying compensation paid to top management officials by similarly situated 501(c)(3) organizations. That comparability data was presented to the Board of Directors, which then approved the compensation. The compensation determination process is reflected in the organization's minutes. The organization's Executive Director abstained from the discussion and vote on compensation, as required by the organization's Conflict of Interest policy. Part VI. Line 19. Financial statements, governing documents, and policies, are available to the public upon request.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number
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