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# Form **990**

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

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

OMB No 1545-0047

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

Α For the 2012 calendar year, or tax year beginning April 1 2012, and ending **20** 13 D Employer identification number B C Name of organization Milwaukee Institute, Inc. 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 Initial return 411 East Wisconsin Avenue 1280 414-727-6424 City, town or post office, state, and ZIP code Terminated G Gross receipts \$ Amended return F Name and address of principal officer H(a) Is this a group return for affiliates? Yes No Application pending H(b) Are all affiliates included? Yes No √ 501(c)(3) 501(c) ( If "No," attach a list (see instructions) Tax-exempt status ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 Website: ▶ www mkei org H(c) Group exemption number ▶ Form of organization 

Corporation 

Trust 

Association 

Other ▶ L Year of formation 2007 M State of legal domicile 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 scientific and technology Activities & Governance resources in the Southeast Wisconsin seven county region surrounding Milwaukee 2 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 Total number of individuals employed in calendar year 2012 (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessar@ CC IV 6 1 Total unrelated business revenue from Part VIII, column (G). 7a 0 Net unrelated business taxable income from 990-T, line 34 0 MAY 3 0 2013 Pror Year Current Year Contributions and grants (Part VIII, line 1h) 52.500 957,696 Revenue 9 Program service revenue (Part VIII, line 2gl 106,<u>454</u> 24,719 Investment income (Part VIII, column (A), lines 3 (January) 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 77.233 1,066,450 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 13 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 254,461 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 302,845 494,924 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 557,846 494,924 19 Revenue less expenses. Subtract line 18 from line 12 (480,073)571,526 Beginning of Current Year End of Year Total assets (Part X, line 16) 20 180.373 751,899 21 Total liabilities (Part X, line 26) . . . . . 22 Net assets or fund balances. Subtract line 21 from line 20 751,899 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare other than officer) is based on all information of which preparer has any knowledge Sign Signature of office 05.24.13 Here Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check I if Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

SCANNED JUN 2 6 2013

For Paperwork Reduction Act Notice, see the separate instructions.



Form **990** (2012)

Cat No 11282Y

Part	V 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	.		
2	·	2	<b>√</b>	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<del>  2</del>	<b>-</b> ✓	<del> </del>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓_
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<del></del> -		_
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		<b>√</b>
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? <i>If</i> "Yes," complete Schedule D, Part III	8		<b>√</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			-
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
11	endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		<b>√</b>
	VII, VIII, IX, or X as applicable			Í
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	<u> </u>	<b>✓</b>
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	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 and XII	12a		1
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 and XII is optional	12b		1
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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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		<b>√</b>
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		<b>√</b>
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			
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	19 20a		<b>✓</b>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<u> </u>

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<b>Part</b>	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No ✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	22	_	<b>√</b>
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	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		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b 24c		<b>√</b>
d 25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	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		<b>√</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	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	29 30	✓	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		<b>√</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33		33		<b>√</b>
34		34		1
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a 35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	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? <i>If "Yes," complete Schedule R,</i>			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37 38	<b>✓</b>	✓
			000	

Part				_
	Check if Schedule O contains a response to any question in this Part V	<del></del>	<del></del>	
1a	Enter the number reported in Box 2 of Form 1000 Fator 0 of mot applicable		Yes	No
b		-(35.00)		
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
•	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 2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) .			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>√</b>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Ť
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		✓
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>\</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	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			,
ь	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	$\overline{}$	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	··-		
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>√</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
0	organization, have excess business holdings at any time during the year?	8		
9 a	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		<del></del>
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
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		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	الكي		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		✓
L	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 14a	<u> </u>	14-		
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		✓
	1 100, has it med a form restricted bayments: if two, provide an explanation in scriedule O.	_ i→U		ii

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response to any question in this Part VI	see ins	struct	ions. וכו
Secti	on A. Governing Body and Management	<u> </u>		· <u>v</u>
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	9		
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b	7		
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	1	}
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6 7a	Did the organization have members or stockholders?	6		<b>✓</b>
1 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	-	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10		
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<b>✓</b>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12C		
13	Did the organization have a written whistleblower policy?	13	1	ļ
14	Did the organization have a written document retention and destruction policy?	14		
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	✓	
b	Other officers or key employees of the organization	15b	✓	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		<b>√</b>
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	,	<u> </u>	1
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 (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only
19	Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or	of inte	rest p	oolicy
	and financial statements available to the public during the tax year.			•
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	organization: ► Jonathon P Gladieux, 411 E Wisconsin Ave Ste 1280, Milwaukee, WI 53202 (414) 727-6418			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 no	r any relate	d org	aniz	atic	n c	ompe	nsa	ited any currer	t officer, director	, or trustee.
				(6	C)					
(A)	(B)	/	-4 -1		ition			(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per week (list any				lirect	or/trust		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Inst	Officer	<u>\$</u>	Hıg	Former	the	organizations	compensation
	related organizations	lirec	Institutional trustee	cer	Key employee	hest	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	below dotted	or ta	onal		흥	8 6		(44-2/1099-14113C)		organization and related
	line)	) tst	2		/ee	nper				organizations
		8	stee			Highest compensated employee				
						<u>ă.</u>				
(1) Jay S Bayne	40									
Director & Executive Director		✓		✓	✓			0		182,972
(2) John T Byrnes	5-10									
Director & Chairman		✓	L.	<u> </u>				0		
(3) Walter J Skipper	2-8						ĺ			
Director, Treasurer & Secretary		<b>✓</b>						0		
(4) Sujeet Chand	11	Į								
Director		✓		<u> </u>	<u> </u>			0		
(5) Rocky Marcoux	11	Į								
Director		✓	<u> </u>	<u> </u>				0		
(6) Troy Bradley	11	ļ		ļ						
Director		1	_	_				0		
(7) Tim Keane	1									
Director	ļ	✓	<u> </u>	<u> </u>				0		
(8) Jonathon P Gladieux	20		Ì					1		
Director of Operations	ļ			✓			ļ	0		- ··
(9) Nicholas Lindberg	40									•
Senior Consulting Engineer, HPC				<u> </u>	ļ	<b>✓</b>	L.	0		115,000
(10) Laura Farmham	11									
Director	ļ <u>.</u>	✓						0		
(11) Craig Schiefelbein	11									
Director	<u> </u>	/						0		<del></del>
(12)	-				_					
(13)							_			<u>-</u>
(14)										<u> </u>

Part	Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (d	ontinu	ed)	
					•	C) lition							
	(A)	(B)			neck	more	e than o		(D)	(E)			F)
	Name and title	Average hours per					ıs both or/trusi		Reportable compensation	Reportable compensation			nated unt of
		week (list any		_	_	_	1		from	related		oti	her
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organization (W-2/1099-M			nsation n the
		organizations	ecto	Jt O	4	ğ	est c	욕	(W-2/1099-MISC)		,		zation
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(24)							i						
3	•••••••••••••••••••••••••••••••••••••••	†											
(25)					_						$\neg$		
32		<b>†</b>								Ì			
1b	Sub-total		٠		•			▶					
С	Total from continuation sheets to Part							<b>•</b>	-				
d	Total (add lines 1b and 1c)	-						<b>•</b>					
2	Total number of individuals (including but							e) w	ho received m	ore than \$10	00.000	of	
	reportable compensation from the organ							-,			,0,000	<b>.</b>	
													Yes No
3	Did the organization list any former of									nest compei	nsated		
	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual					3	<b>✓</b>
4	For any individual listed on line 1a, is the	sum of re	portal	ble (	con	npe	nsatio	n a	and other comp	ensation fro	om the		
	organization and related organizations												
	indıvıdual											4	1
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsat	tion	fro	m any	/ un	related organi	zation or ind	ividual		
	for services rendered to the organization											5	1
Section	on B. Independent Contractors												
1	Complete this table for your five highest	compensat	ed ind	deb	end	ent	contr	act	ors that receive	ed more tha	n \$100	.000 of	
	compensation from the organization. Rep												
	year.	•						-			Ū		
	(A)								(B)			(C)	
	Name and business add	fress							Description of s	services	(	Compensa	ation
			·					<del>  -</del>	·				···
-								T					
						_							
								<del> </del>					
		<del></del>						t					
2	Total number of independent contractor	ors (includii	ng bi	ıt n	ot	lımı	ted to	th	nose listed ah	ove) who		- ~	
_	received more than \$100,000 of compen-								0	,			

Ŗart	VIII.	Statement of Reve			tian in thia Dart \			
		Check if Schedule O c	contains a re	sponse to any ques	(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	1a	Federated campaigns		1a				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	[	<b>1b</b> 20,000				
ts, ( Am	С	Fundraising events .	_	1c				
Giff	d	Related organizations		1d				İ
ıs,	е	Government grants (cont		1e				
er S	f	All other contributions, gif						
ri t		and similar amounts not incl		<b>1f</b> 937,696				
ont	g	Noncash contributions include						
a C	h	Total. Add lines 1a-1f	<u></u>	Business Code	957,696			
nua	2a	HPC Systems & Service	ac		106 454	105 454		+
Rev	b			541700	106,454	106,454		<del> </del>
<u>e</u>	C							<del> </del>
Serv.	d							
Ē	е							
Program Service Revenue	f	All other program serv						
<u>_</u>	g	Total. Add lines 2a-2f			106,454			
	3	Investment income (	_	· ·				
		and other similar amou	-		14			14
	4	Income from investment						<del></del>
	5	Royalties	(ı) Real	(II) Personal			<del></del>	+
	6a	Gross rents		(7) 0.00				
	b	Less. rental expenses	•					
	С	Rental income or (loss)		-				
	d	Net rental income or (I	loss)			1		1
	7a	Gross amount from sales of	(i) Securities	s (II) Other				
		assets other than inventory	315,	007				
	ь	Less cost or other basis						
		and sales expenses .	312,					
	C	Gain or (loss)		286	2			<del>                                     </del>
	d	Net gain or (loss) .		•	2,286			2,286
venue	8a	Gross income from ful events (not including \$	ndraising					
Other Rev		of contributions reporte See Part IV, line 18						
the	ь	Less: direct expenses		a b				
0		Net income or (loss) fr		·		-		+
		Gross income from ga					***	
		See Part IV, line 19 .						
	b	Less: direct expenses		b				
	С	Net income or (loss) fr	rom gaming	activities >				1
	10a	Gross sales of in						
		returns and allowance		a				
	b	Less. cost of goods so		b				
	С	Net income or (loss) fr						<del></del>
	44-	Miscellaneous Re	evenue 	Business Code			<del></del>	<del>                                     </del>
	11a b		·		-		·	<del> </del>
	D C				<del></del>			<del> </del>
	d	All other revenue .						+
	e	Total. Add lines 11a-						<del>                                     </del>
	12	Total revenue. See in			1,066,450	106,454		2,300

Part IX	Statement of Functional I	Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respon	se to any question	in this Part IX		
	t include amounts reported on lines 6b, 7b, , and 10b of Párt 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 United States. See Part IV, line 21			3	
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c d	Accounting				. = =
e	Professional fundraising services. See Part IV, line 17			·	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	388,202	278,913	109,289	
12	Advertising and promotion	3,500	3,500	0	
13	Office expenses	7,269	1,695	5,574	
14	Information technology	70,782	67,586	3,196	-
15	Royalties				
16	Occupancy				
17	Travel	3,087	2,590	497	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				-1.2
20 21	Interest				<del></del>
22	Depreciation, depletion, and amortization .	22,084	22,084	0	
23	Insurance	22,004	22,084	<u>U</u>	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
а	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
b					
C					<del></del>
d					·- · · · · · · · · · · · · · · · · · ·
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	494,924	376,368	- 118,556	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X	(		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	134,422	1	559,491
	2	Savings and temporary cash investments	4,200	2	66,221
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	(158)	4	101,796
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
ठ	6	Loans and other 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). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	<del></del>	7	
As	8	Inventones for sale or use	·	8	
	9	Prepaid expenses and deferred charges	2,803	9	2,803
	10a	Land, buildings, and equipment: cost or			
		other basis Complete Part VI of Schedule D 10a 228,807			
	ь	Less accumulated depreciation 10b 215,669	30,656	10c	13,138
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	8,450	15	8,450
	16	Total assets. Add lines 1 through 15 (must equal line 34)	180,373	$\overline{}$	
	17	Accounts payable and accrued expenses		17	
	18 19	Grants payable		18	·
	20	Deferred revenue		19	
	21	Tax-exempt bond liabilities	<del>_</del> -	20	
'n	22	Loans and other payables to current and former officers, directors,		21	
Liabilities	22	trustees, key employees, highest compensated employees, and			
ξ		disqualified persons. Complete Part II of Schedule L		22	
Ë	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		-	
	26	Total liabilities. Add lines 17 through 25	·	25 26	<del> </del>
	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and		20	
Secu		complete lines 27 through 29, and lines 33 and 34.			
la	27	Unrestricted net assets	180,373	27	751,899
ă	28	Temporarily restricted net assets		28	
ביי	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 30 through 34.			
şţs	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund	•	31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	<del>-</del>
Ž	33	Total net assets or fund balances	180,373		751,899
	34	Total liabilities and net assets/fund balances	180,373	34	751,899

Form	990	(2012)	
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Page **12** 

Par	XI Reconciliation of Net Assets				
	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)	1			 66,450
2	Total expenses (must equal Part IX, column (A), line 25)	2			94,924
3	Revenue less expenses. Subtract line 2 from line 1	3			71,526
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	80,373
5	Net unrealized gains (losses) on investments	5	_		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		7	51,899
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u>.                                     </u>
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other		_	İ	
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain i	ın		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		./
	If "Yes," check a box below to indicate whether the financial statements for the year were com				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on			Ť
	separate basis, consolidated basis, or both				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				į
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	/ersigl	nt 🗀	İ	
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	?   2c	.	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	in 📜		
	Schedule O.		;		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	ın 🗀		
	the Single Audit Act and OMB Circular A-133?		. За		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		ie 🗀		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		<u> </u>
			Fo	rm <b>99</b> (	(2012)

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

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Name of the organization

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

Employer identification number

Milwaukee Institute, Inc 26-0724304 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.) 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.) 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.) 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. **c** Type III–Functionally integrated **b** Type II **d** Type III–Non-functionally integrated 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 I, Type II, or Type III supporting . .  $\square$ 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) (ii) A family member of a person described in (i) above? . . . . . 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) h Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support governing document? col (i) of your above or IRC section. (i) organized in the support? 115? (see instructions)) Yes Nο Yes Nο Yes No (A) (B) (C) (D) (E)

**Total** 

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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 Calendar year (or fiscal year beginning in) ▶ (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") . . . 650,200 225,047 771,572 52,500 957,696 2,657,015 levied revenues 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. . . . 225,047 650,200 771,572 52,500 957,696 2,657,015 The portion of total contributions by each person (other than а governmental unıt supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . 1,759,426 Public support. Subtract line 5 from line 4. 897,589 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 650,200 225,047 771,572 52,500 957,696 2,657,015 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . 14,341 2,300 16,660 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 2,673,675 12 Gross receipts from related activities, etc. (see instructions) . . . . 132,070 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 2012 (line 6, column (f) divided by line 11, column (f)) . . . . 14 <u>33 571</u>3 % Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 15 % 331/3% support test-2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this  $\checkmark$ 331/3% support test - 2011. 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 - 2012. 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 10%-facts-and-circumstances test - 2011. 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

	elle A (Form 990 or 990-EZ) 2012						Page 3
Part	• • • • • • • • • • • • • • • • • • • •						
	(Complete only if you checked the						nder Part II.
Cost	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.)	
	on A. Public Support	4-1.0000	(L) 0000	(1) 6010	100011	4.10010	107:1
Caler 1	idar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise		-			·-	
	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	_					
6	Total. Add lines 1 through 5		1	<del>                                     </del>			1
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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	-					
	line 6)			<u> </u>		<u> </u>	
	on B. Total Support	(-) 0000	(L) 0000	(-) 0040	1.0044	(1) 0010	(0 T ) )
Galen 9	idar year (or fiscal year beginning in) Amounts from line 6	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
10a						· · · · · · · · · · · · · · · · · · ·	
100	payments received on securities loans, rents,				:		
	royalties and income from similar sources .				1		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he			nd, third, fourth	•		
Secti	on C. Computation of Public Support	rt Percentag	je				
15	Public support percentage for 2012 (line					15	%
16	Public support percentage from 2011 Sci	hedule A, Part	III, line 15 .		<u></u>	16	%
	on D. Computation of Investment In					T .= 1	
17 40	Investment income percentage for 2012 (					17	%
18 192	Investment income percentage from 201:					18	%

chedule A (F	-om 990 or 990-EZ) 2012	Page 4
Part IV	<b>Supplemental Information.</b> 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).	
••••	•	
••		
	<del></del>	
		<b></b>
	`	

#### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number Milwaukee Institute, Inc. 26-0724304 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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) 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. 🛵 । Held at the End of the Tax Year Total number of conservation easements 2a 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ 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 6 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) Я In Part XIII, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 XIII, 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: (ii) Assets included in Form 990, Part X . If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. 

chadula	D (Form	aan)	2012

Part	Organizations Maintaining	Collections of	Art, His	torical 1	<b>Freasures</b>	, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		ther reco	rds, chec	k any of th	e follov	ving that are a s	ignificant use of its
а	☐ Public exhibition		d	□ Loan	or exchang	e prog	rams	
ь	☐ Scholarly research							
С	☐ Preservation for future generations	<b>.</b>	_			•••••		
4	Provide a description of the organizat		and expla	ain how t	hev further	the orc	anization's exen	not nurnose in Part
-	XIII.		and oxpic	2.111 11011 1	noy runtino		anization o oxon	ipt parpood in Fait
5	During the year, did the organization	solicit or receive	donation	e of art	historical to	reacure	e or other eimile	ar.
•	assets to be sold to raise funds rather							
Part								
ı ar	line 9, or reported an amoun				janization	aliswe	led les loit	onin 990, Fart IV,
	· · · · · · · · · · · · · · · · · · ·				or contribut	lione or	other appets no	
10	included on Form 990, Part X?							
_						• •		☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	an XIII and comp	lete the to	llowing to	able.		Λ.	mount
						<u> </u>	-	mount
C	Beginning balance					10		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amour	·						
	If "Yes," explain the arrangement in Pa							
Par	V Endowment Funds. Comple				,			
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses			_				
d	Grants or scholarships	<del></del>		,				
e	Other expenditures for facilities and	•						
	programs							
f	Administrative expenses	· · · · · · · · · · · · · · · · · · ·	T					
g	End of year balance							
2	Provide the estimated percentage of t	he current year e	nd balanc	e (line 1c	, column (a	a)) held	as:	_\
а	Board designated or quasi-endowmer			,	,,	,,		
b		%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2		00%.					
3a	Are there endowment funds not in the			zation th	at are held	and ad	ministered for th	е
	organization by:	•	Ū					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi		required (	n Sched	 ule R2	• •		3b
4	Describe in Part XIII the intended uses					• •		
Part							-	
	Description of property	(a) Cost or o			or other basis	(c)	Accumulated	(d) Book value
	bescription of property	(investr		1 ' '	other)		epreciation	(d) DOOK Value
	Land					200	CREEKS .	
b	Buildings	•		<del>                                     </del>		MEE'S	<b>建工业工业</b>	•
	3	•		-			•	
C	Leasehold improvements	•	222.25	<u> </u>		-	215.000	40.000
d	Equipment	•	228,807	-			215,669	13,138
<u>e</u>	Other	·	200 5 ::	<u> </u>	(D) " ::	<u> </u>		
Total.	Add lines 1a through 1e (Column (d) n	nust equal Form 9	990, Part I	x, columi	า (B), line 10	U(c).)	▶	

Part VII	Investments – Other Securities	See Form 990, Part X,	line 12.	
(a	Description of security or category     (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	
	derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)			•	<u> </u>
(D)				<u> </u>
(E) (F)				· · · ·
(G)				
(H)				
(l)				
	(b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	Investments—Program Related	J. See Form 990. Part X	line 13	
	(a) Description of investment type	(b) Book value	(c) Method of va	
_(1)	· · · · · · · · · · · · · · · · · · ·		-	<del></del>
(2)			-	
(3)			-	<del></del>
(4)	-			<del></del>
(5)				•
(6)				<del></del>
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13 ) ▶			·····
Part IX	Other Assets. See Form 990, Pa		· · · · · · · · · · · · · · · · · · ·	
40	<u> </u>	i) Description		(b) Book value
	Escrow	<del></del>		8,450
(2)				
(3) (4)		·		
_(5)		·		
(6)				
(7)		·		
(8)		· · · · · · · · · · · · · · · · · · ·		-
(9)				
(10)			-1	
	ımn (b) must equal Form 990, Part X, co			
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
	income taxes		<u> </u>	
(2)				
(3)				
(4)			4	
(5)	<del></del>		_	
(6)			-{	
(7)			4	
(9)			-	
(10)	·		-	
(11)			4	
	(b) must equal Form 990, Part X, col (B) line 25)		1	
	6C 740) Footnote. In Part XIII, provide the	text of the footnote to the ord	anization's financial statements tha	t reports the organization's
	ncertain tax positions under FIN 48 (ASC 7			

Schedu	le D (Form 990) 2012		Page 4
Pari	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII )	Ì	
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts 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 XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Re	turn
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Pnor year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
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 XIII.)		
	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, F I, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to nation.		
	······································		
			••••

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Part XIII	Supplemental Information (continued)	<del></del>
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#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Milwaukee Institute, Inc.

**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

20**12** 

Open to Public Inspection

Employer identification number

26-0724304

Part I Questions Regarding Compensation 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 1b 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 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant Compensation survey or study ✓ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 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. 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: 5a 5b If "Yes" to line 5a or 5b, describe in Part III. 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: 6a Any related organization? . . . . . . 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 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 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Note. The sum of columns (B)(i)—(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

, , , , , , , , , , , , , , , , , , , ,			(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	Contraction (9)		1	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(b) Nontaxable benefits	(E) 1 otal of columns (B)(i)+(D)	(F) Compensation reported as deferred in prior Form 990
	Ξ	0	0	0	0	0	0	
1 Jay S. Bayne	€	182,972	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				182,972	
	€							
2	<b>(E)</b>							
	(0)							
3	<b>(E)</b>							
	8							
4	€							
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13	<b>(E)</b>							
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14	(E)							
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15	€							
	<b>E</b>							
16	€							
							Sch	Schedule J (Form 990) 2012

Rage 3

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Name of the organization

Employer identification number

	kee Institute, Inc.				26-072430	04
Part	Types of Property	• •				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) If determining tribution amounts
1	Art-Works of art					
2	Art-Historical treasures					
3	Art—Fractional interests					
4	Books and publications					
5	Clothing and household goods					·
6	Cars and other vehicles	-				
7	Boats and planes					<u>.                                    </u>
8	Intellectual property				-	
9	Securities—Publicly traded	<b>-</b>	2	212.000	Draggada fra	Ctook Colo
10	Securities—Fublicly traded Securities—Closely held stock .	<u> </u>	2	312,696	Proceeds fro	III Stock Sale
11	Securities—Partnership, LLC,					
• •	or trust interests					
12	Securities—Miscellaneous .				-	
13	Qualified conservation					<del></del>
	contribution—Historic					
	structures				ļ	
14	Qualified conservation contribution—Other					
15	Real estate - Residential					
16	Real estate—Commercial					
17	Real estate—Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens				T	
24	Archeological artifacts					
25	Other ► ()					
26	Other ► ()					
27	Other ► ( )					
28	Other ► (	,				
29	Number of Forms 8283 received	by the or	ganization during the tax	year for contributions for		
	which the organization completed	Form 828	3, Part IV, Donee Acknowle	dgement	29	
					•	Yes No
30a	During the year, did the organiza	tion receive	e by contribution any prop	erty reported in Part I, line	s 1-28 that	
	it must hold for at least three year					
	used for exempt purposes for the				-	30a ✓
b	If "Yes," describe the arrangemen		<del>-</del> •			کے سور جین
31	Does the organization have a		otance policy that require	es the review of any ne	on-standard	
•	contributions?					31 🗸
32a	Does the organization hire or us	e third par	ties or related organization	ns to solicit, process, or s	ell noncash	
	contributions?	•				32a ✓
	If "Yes," describe in Part II.					
33	If the organization did not report a	n amount ir	n column (c) for a type of pro	operty for which column (a)	ıs checked,	

describe in Part II.

Schedule M (Form 990) (2012) Page
Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
Part I Line 9(b) The Milwaukee Institute, Inc records each item received, in this case publicly-traded stock donations received. Milwaukee
nstitute, Inc. received the following stock donations on 5/2/12 290 Shares of Apple stock and 2,660 Shares of Dupont Corporation stock
The stock donations were sold immediately after the donations were received
Part I Line 32(a) The Milwaukee Institute, Inc. maintains a brokerage account to process publicly-traded stock donations

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury Internal Revenue Service 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

Name of the organization

Milwaukee Institute, Inc

Employer identification number
26-0724304

Part VI Line 11b A draft of the Form 990 along with required schedules 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 12c The By-Laws of the Milwaukee Institute, Inc. require that Directors notify the Board of Directors of any duality of interest
or conflict of interest whenever the duality or conflict pertains to a matter under consideration by the Board of Directors
·
Part VI Line 15a The organization determined compensation for its leased Executive Director by identifying compensation paid to top
management officials in 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
leased Executive Director abstained from the discussion and vote on compensation, as required by the organization's Conflict of Interest
policy
Part VI Line 15b The organization determines compensation for other leased employees by researching compensation paid to
individuals with similar educational background and experience The leased Executive Director negotiates with the individual a
compensation package that is then presented to the Board of Directors for its review and approval. The review and approval is
reflected in the organization's minutes
Part VI Line 19 Financial statements, governing documents, and policies are available to the public upon request.
Part IX Line 11g The Milwaukee Institute, Inc. does not have any employees. Jay S. Bayne and Nicholas Lindberg are leased employees.
provided to the Milwaukee Institute, Inc. from EmpowerHR, a professional employer organization. Total expenses were \$388,202 of which
\$40,000 was consulting services paid to Nations Consulting, \$10,500 in consulting services paid to The Firm Consulting, \$311,750 was
was leased employees services, \$20,018 payroll tax and \$1,954 in employee benefit assessments, and \$3,980 in PEO employee management
service fees Program service expenses were \$278,913 of which \$10,500 in consulting services was paid to The Firm Consulting, \$40,000
in consulting services was paid to Nations Consulting, \$213,375 was leased employees' services, \$13,701 payroll tax assessment,

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
Milwaukee Institute, Inc	26-0724304
for 60 247 and 6047 were respelled and england by the control of t	0
fee, \$6,317 and \$617 were payroll tax and employee benefit assessments respectively and \$3,980 were PE	O employee management service
fees	
Part VI Line 2 Jonathon Gladieux and John Byrnes have a business relationship in addition to their rela	tionship through the
Terror Entre 2 Sentation Gladica Anna Sont Byrnes have a Sasiness relationship in addition to their rea	tions.np tillough the
Milwaukee Institute, Inc	
<del></del>	
<u>.                                      </u>	
	•••••