SCANNED FEB 0 5 2021

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public

2018

Department of the Treasury

► Go to www irs gov/Form990 for instructions and the latest info

Open to Public

A	For the 2	018 calendar year, or tax year beginning Apr 1 , 2018, and en		Mar 31	, 20 19
<u>^</u> _			ung		er identification number
	Check if an				
님	Address ch		n/suite	E Telephor	724304
	Name char			1	
	Initial return			(414)	269-8330
님	Final return/	M-1 1 52006		C C*****	
님	Amended I			G Gross re	
لــا	Application				subordinates? Yes No
	T	Kathleen Gallagher, 10437 W Innovation Dr, Milwaukee, WI 5 ot status			included? L.J. Yes L.J. No list (see instructions)
<u>⊹</u>	Tax-exemp				,
<u></u>	Website:			roup exemption	
	art I		mation Z	UU/ M State	of legal domicile WI
		Summary			
an an		riefly describe the organization's mission or most significant activities.			
Governance		esearch, education and economic development and tec			
Ē		hrough the expansion and more efficient use of scie			
ove		theck this box I if the organization discontinued its operations or dispose	a oi more t	1 - 1	_
ত ক	II.	lumber of voting members of the governing body (Part VI, line 1a)		. 3	5
ŝ	II.	lumber of independent voting members of the governing body (Part VI, line 1	(0)	. 4	
ij	1	otal number of individuals employed in calendar year 2018 (Part V, line 2a)		. 5	
Activities		otal number of volunteers (estimate if necessary)		6	8
•	II.	otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	
	b N	let unrelated business taxable income from Form 990-1[] in 136 F.D.	· · · ·	. 7b	O . Current Year
re	1	contributions and grants (Part VIII, line 1h).		302,103.	230,859.
Revenue	1	Togram sorries totalias (var. viii, iiio 29) [11]			 -
		evestment income (Part VIII, column (A), lines 31.4, and 7d)	<u> </u>		
	1	ther revenue (Part VIII, column (A), lines 5, 6d, 8c 9c, 10c, and 11e).	<u> </u>	200 100	020 050
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines (2)		302,103.	230,859.
		frants and similar amounts paid (Part IX, column (A), lines 1–3)	<u> </u>	222,648.	100,000.
		enefits paid to or for members (Part IX, column (A), line 4)			
Expenses	1	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	_	*****	· _ _
ë	1	rofessional fundraising fees (Part IX, column (A), line 11e)			
Ä	1	otal fundraising expenses (Part IX, column (D), line 25) 0.	<u> </u>	01 101	114 207
	1	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u> </u>	81,101.	114,327.
	1	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>	303,749.	214,327.
		evenue less expenses. Subtract line 18 from line 12	Postering	-1,646.	16,532. End of Year
Net Assets or Fund Balances	00 -	(1) (5) (7) (40)	Deginning o		
Sala	20 T	otal assets (Part X, line 16)		80,453.	94,802.
a e	21 T	otal liabilities (Part X, line 26)	<u> </u>	00 452	04.000
		et assets or fund balances. Subtract line 21 from line 20		80,453.	94,802.
	art II	Signature Block			
Un	ider penaltie e correct s	is of perjury, I declare that I have examined this return, including accompanying schedules and st and complete. Declaration of preparer (other than afficer) spased on an information of which prepare	atements, and arer has anv kr	to the best of manual control to the best of the best	ly knowledge and belief, it is
		Y Williams Wall and		1 1 1	\ /1a
e:.		A TAMUM TAMAJICA		Date 11/	30/11 ——
Sign Here		Signature of officer		Date /	<i>f</i> 1
пе	re	Kathleen Gallagher, Executive Director			
	L	Type or print name and title	Date /	, ,	PTIN I
Pa	id	Print/Type preparer's name	Date	Check [< if
Pr	eparer	Barry J Goldman	/// <i>/////</i> /		loyed P00562254
	e Only	Firm s name ► BARRY J. GOLDMAN, CDA LC			6-0662839
			3092	Phone no (26	52) 478-0417
Ма	y the IRS	discuss this return with the preparer shown above? (see instructions) .		<u> </u>	X Yes No
For	Panenyo	rk Reduction Act Notice, see the separate instructions, BAA	REV 05/20/19 PI	RO	Form 990 (2018)

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	. 🗆
1	Briefly describe the organization's mission:	
	The Milwaukee Institute is dedicated to advancing scientific	
	research, education and economic development and technological innovation through	
	through the expansion and more efficient use of scientific and technology resourc	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☑ No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 215,034. including grants of \$ 100,000.) (Revenue \$ 230,859.) 2018/2019 accomplishments:	
	Assisted Microsoft Teals with recruiting schools and volunteers for	
	its program, which helps high school teachers learn to teach computer science.	
	Organized meetings of Grasshopper, a group that holds meetings monthly and provides speal	
	that discuss high-tech and entrepreneurship topics. Provided financial support ond other assistance to gener8tor, which	
	runs training programs for high-tech , high growth start-ups in milwaukee.	
	Organized a group to support Young Enterprising Society, an inner-city	
	organization that provides entrepeneurial and technology training for promising	
	urban Milwaukee start-ups.	
	See Part III, Ln 4a statement	
4b	(Code.) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	
		-
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 215,034.	

•	451)	
	90 (2018)	<u> </u>	<u> </u>	age
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	×	
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		×
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? <i>If "Yes," complete Schedule C, Part II</i>	4		×
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, 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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	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		×
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		×
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		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_x
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	14b		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>×</u> ×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_^ ×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	5 1 1 0 (6 M) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	20a		×

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? #EV/GRO/16 PROPOLETE Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

20b

21

Part	Checklist of Required Schedules (Continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	×	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
ь	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		×
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
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		×
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
c 29	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 . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
	If "Yes" to line 35a, 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.	35b		
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		×
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 11b and 19? Note. 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 or note to any line in this Part V			
	Chock in Contouring a coopering of factors any intermediate of the contouring in the contouring and the contouring in th		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	×	
	REV 05/20/19 PRO	For	n 990	(2018

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
•				Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	ructions)	NAME OF	232	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	r?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So	chedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	er authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	icial account)?	4a	3 87 m/o 2	×
b	If "Yes," enter the name of the foreign country. ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			200	Make:
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	-	5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5b		×
	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 \$100,0		_	:	
	organization solicit any contributions that were not tax deductible as charitable contributions		6a		×
-	If "Yes," did the organization include with every solicitation an express statement that such	contributions or	۱.,		
	gifts were not tax deductible?		6b	SCHOOL OF	V 56.271
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and	partly for goods	2020		
	and services provided to the payor?		7a		×
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property to	for which it was	70	١,	
	required to file Form 8282?		7c	. W. W. W.	×
	If "Yes," indicate the number of Forms 8282 filed during the year		7e	<u> 2005</u>	
	Did the organization receive any lunds, directly or indirectly, to pay premiums on a personal beneath or indirectly, on a personal beneath or indirectly, on a personal beneath or indirectly, on a personal beneath or indirectly.		7f		×
f	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		 ^
g h	If the organization received a contribution of qualified intellectual property, did the organization file roman of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file.		7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m		ئر: ق	100	2000
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund in sponsoring organization have excess business holdings at any time during the year?	allitanied by the	8	<u> </u>	×
9	Sponsoring organizations maintaining donor advised funds.		in Six	1808 C	XX -2
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	1000013140	×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, or related personal distribution to a donor, donor advisor, donor advisor advisor, donor advisor advisor, donor advisor, d	son?	9b		×
10	Section 501(c)(7) organizations. Enter		4147×	246.00°	(A.)
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		美 皇	
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	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			%	S 26
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedul	e O.			
	Enter the amount of reserves the organization is required to maintain by the states in which	1 (100	
	the organization is licensed to issue qualified health plans	13b		Market Market	
С	Enter the amount of reserves on hand	13c	摇	38×1	3 27 2
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in S		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in	remuneration or			
	excess parachute payment(s) during the year?		15	5265 4	1.52
	If "Yes," see instructions and file Form 4720, Schedule N.		<u> </u>	<i>3</i> 7. 1	麥.
16	Is the organization an educational institution subject to the section 4968 excise tax on net inve	estment income?	16	10.7	0
	If "Yes." complete Form 4720. Schedule O.		Xi	36 000	13.7

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins		
Section	on A. Governing Body and Management	· ·	•	
Occi.	on A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 5	737	4890 5552	8327
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5	1342		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6		×
7a	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		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	ም ሳሽኒ ሆኑ	×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a		×
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
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	0 do 1	×
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue Co	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 filling the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	A 17 2 2		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	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	×	
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	×	<u> </u>
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	<u> </u>	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re			7

	•
-ace	•

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	Highest Comper	isated Employees, a	nc
	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 employees."
- 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 orga	anız	atıo	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related	(do n box, o	ot ch unles er and	Pos eck s pe	c) ition more rson	e than out the thick the t	one n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
	organizations below dotted line)		Institutional trustee		ıployee	Highest compensated employee		(W-2/1099-MISC)		and related organizations
(1) John Byrnes Chairman	2.00	×		×				0.	0.	0.
(2) Walter Skipper Director, Treasurer	4.00	×		×				0.	0.	0.
(3) Randall Kirk Director	1.00	×						0.	0.	0.
(4) David Vosko Director	1.00	×						0.	0.	0.
(5) Kathleen Gallagher Excutive Director	40.00	×						0.	0.	0.
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										,,,,
(12)										
(13)										
(14)					_					

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
•	(A) Name and title	Average box, unless person is both an Repo		(D) Reportable compensation	(E) Reportable	from amount of						
		week (list any hours for related organizations below dotted line)	. ~ ~	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organization (W-2/1099-MI		
(15)												
(16)												
(17)												
(18)												
(19)												
(20)				-								
(21)												
(22)						-,						
(23)												
(24)												
(25)						 			:			
1b c d	Sub-total			•	•			> > >	0.		0.	0.
2	Total number of individuals (including but reportable compensation from the organic	not limited		ose	list	ted	above	e) w	ho received m	ore than \$10	0,000 of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc							bloyee, or high	est compen	sated Yes	No X
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th	an \$1	150,	,000)? /;	f "Ye	s," 	complete Sch	nedule J for 	such 4	×
5	Did any person listed on line 1a receive of for services rendered to the organization										vidual 5	×
	on B. Independent Contractors				-		-				0100.000	
1	Complete this table for your five highest compensation from the organization. Repyear.								ear ending wit		ne organization's ta	×
	(A) Name and business add	ress						<u> </u>	(B) Description of s	ervices	(C) Compensation	
								\vdash			<u></u>	
								-				
								L				
2	Total number of independent contractor received more than \$100,000 of compens	ors (includir ation from t	ng bu the or	ıt n gan	ot iizat	lımıt ion	ed to ►	o th	ose listed ab	ove) who		

Par	. VIII	Check if Schedule O		oonse or note t	o anv line in this	Part VIII .		п
			en mangangganini. , , ,		(A) I otal revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 514
Grants	1a b	Federated campaigns Membership dues			The course of th	Annual III Thomas No.	and the state of t	
Contributions, Gifts, Grants and Other Similar Amounts	d e f	Fundraising events Related organizations Government grants (contr All other contributions, gift	1d ributions) 1e		PATE TO THE TO THE PATE TO THE TO THE TO THE PATE TO THE T	The state of the s	10 (10 m) 10 (10 m) 10 (10 m) 10 (10 m) 10 (10 m) 10 (10 m) 10 (10 m)	
Contributic and Other	9	and similar amounts not inclu Noncash contributions included	ded above 1f d in lines 1a–1f \$	230,859.	220.050		CONTRACTOR OF STREET	
	2a b	Total. Add lines 1a-1f		Business Code	230,859.	The state of a state of the sta		and the second s
Program Service Revenue	c d e			,				
Progra	f g	All other program service Total. Add lines 2a–2f Investment income (in	ce revenue .	. Dends. Interest.	/			<u> </u>
	4 5	and other similar amou Income from investment of Royalties	nts) of tax-exempt bo	▶				
	6a b	Gross rents Less. rental expenses	(ı) Real	(ii) Personal			The second secon	
	d 7a	Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory	OSS) (i) Securities	>				
	b	Less. cost or other basis and sales expenses : Gain or (loss)	,				in To	
en	d	Net gain or (loss) Gross income from fun	draising	>		particular and a supplication of the supplicat		
Other Revenue	Ju	events (not including \$ of contributions reported			The second secon		Table	
Othe	b	Less: direct expenses	-	•				
		Net income or (loss) from Gross income from game See Part IV, line 19 .	ning activities.	events . >				
	С	Less: direct expenses Net income or (loss) fro Gross sales of inventions	om gaming acti entory, less	vities ►				
		returns and allowances Less: cost of goods so Net income or (loss) fro	ld . b om sales of inve					
	11a b	Miscellaneous Rev		Business Code				
	d e	All other revenue Total. Add lines 11a-1		. •	220.050			65 18 14 15 18 48 18 18 19 19 18 18 18 18 18 18 18 18 18 18 18 18 18
	12	Total revenue. See ins	structions	🟲	230,859.	l (

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must cor				
	Check if Schedule O contains a respor			· · · · · ·	
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22 .	100,000.	100,000.		of the Control of the
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.				The second secon
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 10	Other employee benefits				
11	Fees for services (non-employees).				
а	Management	93,313.	53,313.	40,000.	0.
b	Legal	510.	0.	510.	0.
c	Accounting	7,500.	0.	7,500.	. 0.
d	Lobbying				
e f	Professional fundraising services See Part IV, line 17 Investment management fees			\$1	
, g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				,
13	Office expenses	3,429.	0.	3,429.	0.
14	Information technology			-	
15	Royalties				
16	Occupancy	4,686.	0.	4,686.	0.
17 18	Travel				
19	Conferences, conventions, and meetings	4,889.	0.	4,889.	0.
20	Interest			•	
21	Payments to affiliates	, _			
22	Depreciation, depletion, and amortization .				
23	Insurance	300-1980-1980-1980-1980-1980-1980-1980-19		V00000 Madel #F#4.2 (Fic) (1996) 1	\$ 4/47 (Settle-100 to 100 to 1
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
_				4/4/1988	(4.55 Fe/1988)
a b				w	
C					
d		-			
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	214,327.	153,313.	61,014.	0.
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 or note to any line in this Part X Beginning of year End of year 78,976. 94,802. 1 2 2 Savings and temporary cash investments 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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. 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b 10c Less accumulated depreciation 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 14 1,477. 15 15 Other assets. See Part IV, line 11 80,453. 94,802. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses . 17 18 19 19 Deferred revenue . Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . 23 23 Secured mortgages and notes payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here ▶ 🖾 and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 94,802. 27 Unrestricted net assets . . 80,453. 27 28 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds

80,453.

80,453.

33

94,802.

94,802.

33

Total liabilities and net assets/fund balances . .

Part	XI Reconciliation of Net Assets			_			
•	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u> </u>]			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	230,859.	<u>.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	214,327.	<u>. </u>			
3	Revenue less expenses. Subtract line 2 from line 1	3	16,532.	<u>. </u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	80,453.	<u>. </u>			
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	96,985.	<u>. </u>			
Part	XII Financial Statements and Reporting		_				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>]			
			Yes No	=			
1	Accounting method used to prepare the Form 990. Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in	PIL				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a ×	224			
Lu	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	pilou oi					
	Separate basis Consolidated basis Both consolidated and separate basis			8			
b	Were the organization's financial statements audited by an independent accountant?		2b ×	_			
_	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a		E.			
	separate basis, consolidated basis, or both.						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			8			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o						
	of the audit, review, or compilation of its financial statements and selection of an independent account		2c	ابعاد			
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	kplain in		, and the second			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in					
	the Single Audit Act and OMB Circular A-133?		3a X	_			
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 a	ergo the ludits.	3b				
			5 000 (224)	_			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(D)

(E)

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

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. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ☐ 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN listed in your governing other support (see support (see (described on lines 1-10 document? above (see instructions)) instructions) instructions) Yes Nο (A) (B) (C)

18

Part	Support Schedule for Organization (Complete only if you checked the							
	Part III. If the organization fails to						ally dilaci	
Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	574,057.	753,248.	579,512.	302,103.		2,208,920.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	574,057.		579,512.	302,103.		2,208,920.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	manufactor of the same of the		100000000000000000000000000000000000000	1.0000002132332323232323232323232323232323			
	line 1 that exceeds 2% of the amount shown on line 11, column (f)	Section 1 Control of the Control of	The second secon					
6	Public support. Subtract line 5 from line 4		and the		Mestically.		2,208,920.	
	on B. Total Support	T						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	574,057.	753,248.	579,512.	302,103.		2,208,920.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	132.	132.				264.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11			manter accepts 44 minutes 2 2 4 1				2,209,184.	
12	Gross receipts from related activities, etc					12		
13	First five years. If the Form 990 is for the organization, check this box and stop he	ere						
	on C. Computation of Public Suppo							
14	Public support percentage for 2018 (line		-			14	99.99 %	
15 16a								
b	33 ¹ / ₃ % support test—2017. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	ıs 331/3% or m	ore, check	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization'.	eets the "facts "facts-and-circ 	-and-circumst umstances" te 	ances" test, chest. The organis	neck this box a zation qualifies	and stop here s as a publicly	Explain in supported	
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization responsible organization responsible organization.	ation meets th	e "facts-and-o	circumstances'	' test, check	this box and	stop here.	

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

Part	Support Schedule for Organization (Complete only if you checked the				nızatıon failed	l to qualify un	der Part II		
	If the organization fails to qualify								
Secti	on A. Public Support \	<u> </u>		, p		/	,		
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018 /	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	, ,							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.								
3	Gross receipts from activities that are not an unrelated trade or business under section 513.				/		,		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						_		
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						-		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	,							
8 ——	Add lines 7a and 7b	10 m							
	on B. Total Support		, , , , , , , , , , , , , , , , , , ,						
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 201/6	(d) 2017	(e) 2018	(f) Total		
9 10a	Amounts from line 6								
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 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 VI.)								
13	Total support. (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	ere	<u> </u>		, or fifth tax ye	1	n 501(c)(3) ▶ □		
	on C. Computation of Public Suppo					1.5			
15 16	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))								
Secti	on D. Computation of Investment In	come Perce	ntage				\		
17	Investment income percentage for 2018					17	\ %		
18 19a	Investment income percentage from 201 331/3% support tests—2018. If the organ	nization did not	check the box	k on line 14, a	nd line 15 is m	18 ore than 331/39	%, and line		
b	17 is not more than 331/3%, check this box 331/3% support tests – 2017. If the organization 18 is not more than 331/3%, check this	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	31/3%, and		
20	Private foundation If the organization d						\ -		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
		\	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			<u>`</u>
		T29650 13	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		翻稿	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		er di	
	controlled the organization's activities. If the organization had more than one supported organization,		(A)	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		2 91 11	
^		1	201 H-1	C. AN
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			14.1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ilares d
	supervised, or controlled the supporting organization.	2	polition of	F 75.38
Secti	on C. Type II Supporting Organizations		1	
Jecu	on o. Type ii Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	236317.5	น้อยังเลีย	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1. (S)
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		211 X
Secti	on D. All Type III Supporting Organizations			
		1	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	NAME OF		the state of
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	52	in in the	
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the		am, 4	(1) Table
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1 1 2	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		gada.	
	significant voice in the organization's investment policies and in directing the use of the organization's			1,00
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations		_	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	S).
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	/ ! !	. .	1
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (
2	Activities Test. Answer (a) and (b) below.	3 2 1 1 L	res ~:	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		i ya	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,	1 3.5		1002
	how the organization was responsive to those supported organizations, and how the organization determined		1 144	
	that these activities constituted substantially all of its activities.	2a	22,625	£.2000
L		244		H 134
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		7 7	
	reasons for the organization's position that its supported organization(s) would have engaged in these		5000	
	activities but for the organization's involvement.	2b	báli.	1500
_	-	20 14	100	
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	الفاعات	النظائدة
				304
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>
	or no supported organizations. If I too, describe in Fair Francisco player by the organization in the regards			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 ·☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	 ,	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	A A STATE OF THE S	anahan, abanarahana assahan, abandhan
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	20 2.0		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		<u></u>
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount		And the second s	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	以 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	Additional days and the	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		COSETTAR VARIABLE DECIDENT	
emergency temporary reduction (see instructions).	6	do of the district of the confidence of the conf	
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

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Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	ion D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	ınızatıons	
4	Amounts paid to acquire exempt-use assets			-
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	* **		
	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	th the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10_	Line 8 amount divided by line 9 amount	1	(2)	(tit)
Secti	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.	2 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014	Maria Maria de Antonio		
С	From 2015			
d	From 2016	MELECONICE AND A SECOND		
е	From 2017			
f	Total of lines 3a through e			Periodori birilinga dalah dir
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount		die Angeleiche der Geschafter der Ge	Tarrial L. Spooner concessions
i	Carryover from 2013 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	To a second seco		
4	Distributions for 2018 from	or a second seco	engender (* 1919) im Port, og somme Friedling	
	Section D, line 7: \$	The second secon	NUMBER OF STREET STREET STREET STREET	ie za jednika senema obsektania
<u>a</u>	Applied to underdistributions of prior years		9 - 74 - 32 - 900 - 11 - ESSENCE - 214 - 1777	
<u>b</u>	Applied to 2018 distributable amount		Control of the Contro	21)-624 - 5330-644 - 5330-644 - 5340-644
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.		THE COMPARTMENT OF STREET	THE CONTRACTOR OF THE STATE OF
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			Professional Company of the company
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3	THE PARTY OF THE CONTRACT CONT		
,	and 4c.			
8	Breakdown of line 7:	2225		
a	Excess from 2014 .		Programme of the	
<u>a</u>	Excess from 2015	page 1 to the state of the stat		
	Excess from 2016		The second secon	
d	Excess from 2017			
	Excess from 2018	######################################		ELECTRICAL STREET

Schedule A (Form 990 or 990-EZ) 2018

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Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▲ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

OMB No 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, **%** □ (h) Purpose of grant or assistance X Yes Education Eduction Education 26-0724304 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. N/aA N/A (f) Method of valuation (book, FMV, appraisal, other) book Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. book (e) Amount of noncash assistance . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash 50,000. 50,000 grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance 47-2198237 45-4577372 (P) EIN Milwaukee Institute Inc 4201 N 27 Suite 227 Milwaukee WI 53216 313 N Plankinton Milwaukee WI 53202 (2) Young Enterprise Society (1)gener8tor Management 1 (a) Name and address of organization Partl Part III

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) (2018)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2018) Part III

Page 2

(f) Description of noncash assistance								onal information.							
(e) Method of valuation (book, FMV, appraisal, other)								ι (b); and any other additi	٠			(
(d) Amount of noncash assistance								e 2; Part III, columi							
(c) Amount of cash grant		,						equired in Part I, lin							
(b) Number of recipients								the information r						,	
(a) Type of grant or assistance								IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.					í		
	-	8	3	4	5	9	7	Part							

Schedule I (Form 990) (2018)

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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Milwaukee Institute Inc	26-0724304						
Pt VI, Line 11b: A draft is provided along with subschedules to the board for							
its review prior to filing.							
Pt VI, Line 12c: The by-laws require that directors notify the bo	Pt VI, Line 12c: The by-laws require that directors notify the board of any						
duality of interest or conflict whenever a matter is under consid	eration by the						
board.							
Pt VI, Line 15a: The organization determined the leased executive	director's						
compensation by reviewing compensation of management officials in	comparable						
organizations.							
Pt VI, Line 19: Financial statements, governing documents and pol	ıcıes are available						
to the public on request.							
Other: Pt IX, Line 11g-the organization utilizes a PEO to provide	d compensation						
services to the organization for all employees. This information	is therefore						
not reported as salaries and wages.							
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