

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning **SEP 1, 2007** and ending **AUG 31, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization WISCONSIN COUNCIL ON ECONOMIC EDUCATION		D Employer identification number 39-6076951
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7635 WEST BLUEMOUND ROAD 106		E Telephone number 414-221-9400
		City or town, state or country, and ZIP + 4 MILWAUKEE, WI 53213		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **WWW.ECONOMICSWISCONSIN.COM**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number **N/A**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **929,696.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	770,437.		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 452,334. noncash \$ 318,103.)	1e			770,437.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			84,435.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			6,251.
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	60,953.	8a			
	38,138.	8b			
	22,815.	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 1	8d			22,815.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 20,910. of contributions reported on line 1b)	9a	7,620.			
b Less: direct expenses other than fundraising expenses	9b	13,041.			
c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 2	9c			-5,421.	
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			878,517.	
Expenses	13 Program services (from line 44, column (B))	13		688,240.	
	14 Management and general (from line 44, column (C))	14		171,417.	
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			859,657.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		18,860.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		221,840.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20		-48,612.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			192,088.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>			STATEMENT 5	
22b Other grants and allocations (attach schedule) (cash \$ <u>542863</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	542,863.	542,863.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	90,929.	45,465.	45,464.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	80,459.	30,358.	50,101.	
27 Pension plan contributions not included on lines 25a, b, and c	6,689.	2,985.	3,704.	
28 Employee benefits not included on lines 25a - 27	18,444.	8,403.	10,041.	
29 Payroll taxes	13,199.	5,888.	7,311.	
30 Professional fundraising fees				
31 Accounting fees	7,208.		7,208.	
32 Legal fees				
33 Supplies	8,439.	2,068.	6,371.	
34 Telephone	4,651.	906.	3,745.	
35 Postage and shipping	2,830.		2,830.	
36 Occupancy	16,680.		16,680.	
37 Equipment rental and maintenance	176.		176.	
38 Printing and publications	17,637.	10,790.	6,847.	
39 Travel	12,092.	9,167.	2,925.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	5,760.		5,760.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	31,601.	29,347.	2,254.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	859,657.	688,240.	171,417.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a <u>THE ORGANIZATION PROMOTES A BETTER UNDERSTANDING OF THE PRINCIPLES AND OPERATION OF THE AMERICAN ECONOMY BY PROVIDING EDUCATIONAL AND FINANCIAL RESOURCES TO SCHOOLS, COLLEGES AND UNIVERSITIES THROUGHOUT WISCONSIN.</u>	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	688,240.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	688,240.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	6,877.	21,333.
	46 Savings and temporary cash investments	116,951.	15,131.
	47 a Accounts receivable	605.	
	b Less: allowance for doubtful accounts	380.	605.
	48 a Pledges receivable	8,699.	
	b Less: allowance for doubtful accounts	16,024.	8,699.
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	3,561.	
	53 Prepaid expenses and deferred charges	8,667.	7,978.
	54 a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	255,086.	254,135.
	b Investments - other securities		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation	11,327.	
	56 Investments - other		
	57 a Land, buildings, and equipment: basis	42,359.	
	b Less: accumulated depreciation STMT 7	28,524.	13,835.
58 Other assets, including program-related investments (describe ▶ DEPOSITS WITH OTHERS)	3,000.	3,000.	
59 Total assets (must equal line 74). Add lines 45 through 58	421,873.	324,716.	
Liabilities	60 Accounts payable and accrued expenses	16,847.	9,971.
	61 Grants payable		
	62 Deferred revenue	163,186.	104,157.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ▶ DEFERRED INVESTMENT CLUB)	20,000.	18,500.
66 Total liabilities. Add lines 60 through 65	200,033.	132,628.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	206,991.	182,784.
	68 Temporarily restricted	14,849.	9,304.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	221,840.	192,088.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	421,873.	324,716.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		X
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85a	N/A		
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85b	N/A		
85c	Dues, assessments, and similar amounts from members		
85c	N/A		
85d	Section 162(e) lobbying and political expenditures		
85d	N/A		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	N/A		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86a	N/A		
86b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87a	N/A		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88a			
88b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89c	0.		
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89d	0.		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed		
90a	WI		
90b	Number of employees employed in the pay period that includes March 12, 2007		3
91 a	The books are in care of JIM GUENTHER, PRESIDENT Telephone no. (414) 221-9400 Located at 7635 WEST BLUEMOUND ROAD, MILWAUKEE, WI ZIP + 4 53213		
91b	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)? If "Yes," enter the name of the foreign country		X
91b	N/A		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a STOCK MARKET GAME FEES					84,435.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	6,251.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			16		22,815.
101 Net income or (loss) from special events					-5,421.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		6,251.	101,829.
105 Total (add line 104, columns (B), (D), and (E))					108,080.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	TO EDUCATE STUDENTS ON THE EQUITY MARKETS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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

Please Sign Here	Signature of officer _____ Date _____ JAMES GUENTHER, PRESIDENT Type or print name and title								
Paid Preparer's Use Only	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Preparer's signature _____</td> <td style="width: 10%;">Date _____</td> <td style="width: 10%;">Check if self-employed <input type="checkbox"/></td> <td style="width: 40%;">Preparer's SSN or PTIN (See Gen. Inst. X) _____</td> </tr> <tr> <td colspan="2">Firm's name (or yours if self-employed), address, and ZIP + 4 FREYBERG HINKLE ASHLAND POWERS & STOWELL 15420 W. CAPITOL DR. BROOKFIELD, WI 53005-2621 </td> <td>EIN _____</td> <td>Phone no. (262) 784-6210</td> </tr> </table>	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____	Firm's name (or yours if self-employed), address, and ZIP + 4 FREYBERG HINKLE ASHLAND POWERS & STOWELL 15420 W. CAPITOL DR. BROOKFIELD, WI 53005-2621		EIN _____	Phone no. (262) 784-6210
Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____						
Firm's name (or yours if self-employed), address, and ZIP + 4 FREYBERG HINKLE ASHLAND POWERS & STOWELL 15420 W. CAPITOL DR. BROOKFIELD, WI 53005-2621		EIN _____	Phone no. (262) 784-6210						

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization WISCONSIN COUNCIL ON ECONOMIC EDUCATION	Employer identification number 39 6076951
--	---

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 11	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 12	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	475,856.	355,929.	292,538.	272,779.	1,397,102.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	9,128.	5,738.	4,440.	1,348.	20,654.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	484,984.	361,667.	296,978.	274,127.	1,417,756.
24 Line 23 minus line 17	484,984.	361,667.	296,978.	274,127.	1,417,756.
25 Enter 1% of line 23	4,850.	3,617.	2,970.	2,741.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 28,355.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 409,313.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 1,417,756.
d Add: Amounts from column (e) for lines: 18 <u>20,654.</u> 19 _____ 22 _____ 26b <u>409,313.</u> ▶					26d 429,967.
e Public support (line 26c minus line 26d total) ▶					26e 987,789.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 69.6727%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c N/A
d Add: Line 27a total _____ and line 27b total _____ ▶					27d N/A
e Public support (line 27c total minus line 27d total) ▶					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) **N/A**
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	MANAGEMENT AND GENERAL PRE 2004 5 YEAR PROPERTY	VARI	ESSL	5.00	16	10,074.			10,074.	9,735.		339.
2	ANTI VIRUS SOFTWARE	073103	SL	3.00	16	679.			679.	563.		116.
3	OFFICE PRINTER	033104	SL	5.00	16	732.			732.	513.		146.
4	KATHY'S PRINTER	033104	SL	5.00	16	409.			409.	286.		82.
5	CONFERENCE TABLE & CHAIRS	083104	SL	7.00	16	1,500.			1,500.	1,007.		300.
6	OFFICE EQUIPMENT	110104	SL	5.00	16	538.			538.	268.		108.
7	MELISSA'S COMPUTER	120104	SL	3.00	16	1,072.			1,072.	537.		214.
8	SERVER	120104	SL	5.00	16	3,536.			3,536.	1,768.		707.
9	DIGITAL CAMERA & PRINTER	020105	SL	3.00	16	317.			317.	243.		74.
10	GATEWAY COMPUTER	121905	SL	3.00	16	1,703.			1,703.	1,136.		567.
11	RESULTS PLUS SOFTWARE	081606	SL	5.00	16	3,850.			3,850.	770.		770.
12	KATHY'S COMPUTER	090106	SL	3.00	16	1,539.			1,539.	513.		513.
13	QUICKBOOKS	030107	SL	3.00	16	525.			525.	175.		175.
14	TELEPHONE SYSTEM	110107	SL	8.00	16	5,317.			5,317.			332.
15	PROJECT STAY COMPUTER EQUIPMENT	060108	SL	4.00	16	2,952.			2,952.			369.
16	PRE 2005 LEASEHOLD IMPROVEMENTS	VARI	ESSL	10.00	16	2,889.			2,889.	2,889.		0.
17	LEASEHOLD IMPROVEMENTS	060105	SL	10.00	16	4,727.			4,727.	2,361.		948.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	60,953.	38,138.	0.	22,815.
TO FORM 990, PART I, LINE 8	60,953.	38,138.	0.	22,815.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
ANNUAL FUND-RAISER DINNER	28,530.	20,910.	7,620.	13,041.	-5,421.
TO FM 990, PART I, LINE 9	28,530.	20,910.	7,620.	13,041.	-5,421.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-48,612.
TOTAL TO FORM 990, PART I, LINE 20	-48,612.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
TRAINING	858.	858.		
DUES & SUBSCRIPTIONS	2,178.	2,000.	178.	
INSURANCE	2,076.		2,076.	
MISCELLANEOUS	216.	216.		
CONSULTING	0.			
EXHIBIT & COMPETITION EXPENSES	5,164.	5,164.		
ANNUAL EVENT	0.			
LOSS ON DISPOSAL OF FIXED ASSETS	0.			

PROMOTION	1,918.	1,918.	
ONLINE MAINT & SUPPORT	880.	880.	
LIBRARY & TEACHING MATERIALS	0.		
BAD DEBTS	0.		
ECONOMICS FOR SEMINAR SERIES	18,311.	18,311.	
TOTAL TO FM 990, LN 43	31,601.	29,347.	2,254.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 5

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
CHARITABLE PURPOSES WISCONSIN COLLEGES AND UNIVERSITIES	389,128.
CHARITABLE PURPOSES TEACHING AWARDS AND SCHOLARSHIPS	28,355.
CHARITABLE PURPOSES STOCK MARKET SIMULATION	17,870.
CHARITABLE PURPOSES YOUTH ENTERPRISE ACADEMY-MILWAUKEE	24,485.
CHARITABLE PURPOSES YOUTH ENTERPRISE JUNIOR ACADEMY-MILWAUKEE	15,138.
CHARITABLE PURPOSES PRIVATE SCHOOL STUDY	31,000.

CHARITABLE PURPOSES
F.L.A.M.E

36,887.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

542,863.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

TO ENHANCE THE QUALITY AND QUANTITY OF ECONOMICS IN WISCONSIN SCHOOL SYSTEMS

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PRE 2004 5 YEAR PROPERTY	10,074.	10,074.	0.
ANTI VIRUS SOFTWARE	679.	679.	0.
OFFICE PRINTER	732.	659.	73.
KATHY'S PRINTER	409.	368.	41.
CONFERENCE TABLE & CHAIRS	1,500.	1,307.	193.
OFFICE EQUIPMENT	538.	376.	162.
MELISSA'S COMPUTER	1,072.	751.	321.
SERVER	3,536.	2,475.	1,061.
DIGITAL CAMERA & PRINTER	317.	317.	0.
GATEWAY COMPUTER	1,703.	1,703.	0.
RESULTS PLUS SOFTWARE	3,850.	1,540.	2,310.
KATHY'S COMPUTER	1,539.	1,026.	513.
QUICKBOOKS	525.	350.	175.
TELEPHONE SYSTEM	5,317.	332.	4,985.
PROJECT STAY COMPUTER EQUIPMENT	2,952.	369.	2,583.
PRE 2005 LEASEHOLD IMPROVEMENTS	2,889.	2,889.	0.
LEASEHOLD IMPROVEMENTS	4,727.	3,309.	1,418.
TOTAL TO FORM 990, PART IV, LN 57	42,359.	28,524.	13,835.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 10
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES GUENTHER 7635 W BLUEMOUND ROAD MILWAUKEE, WI 53213	PRESIDENT 40.00	90,929.	0.	0.
JAMES FLORA 2307 MARY DRIVE NEW HOLSTEIN, WI 53061	PROGRAM DIRECTOR 0.00	0.	0.	0.
MATTHEW GIBSON 13780 W. HOPE STREET BROOKFIELD, WI 53005	CHAIRMAN 0.00	0.	0.	0.
MARIDEE MAYNARD 720 E. WISCONSIN AVENUE, E15A MILWAUKEE, WI 53202	VICE CHAIRMAN 0.00	0.	0.	0.
LESLIE HAUSER 330 EAST KILBOURN AVENUE SUITE 1075 MILWAUKEE, WI 53202	SECRETARY/TREASURER 0.00	0.	0.	0.
WILLIAM G. ANDREKOPOULOS 5225 W. VLIET STREET MILWAUKEE, WI 53208	DIRECTOR 0.00	0.	0.	0.
JOHN AREVALO 11414 WEST PARK PLACE, SUITE 202 MILWAUKEE, WI 53224	DIRECTOR 0.00	0.	0.	0.
RICHARD T. BALGE 1441 N. TAYLOR DRIVE SHEBOYGAN, WI 53081	DIRECTOR 0.00	0.	0.	0.
LOU BANACH 13925 W. NORTH AVENUE BROOKFIELD, WI 53005	DIRECTOR 0.00	0.	0.	0.
GREGORY J. CHARLESWORTH 770 NORTH WATER STREET MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.

STEPHANIE CHEDID 100 E. WISCONSIN AVENUE MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.
JANET L. COHEN 4900 SAXONY LANE GREENDALE, WI 53129	DIRECTOR 0.00	0.	0.	0.
LAURENCE B. COMPTON 219 NORTH MILWAUKEE STREET MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.
TRICIA (FROST) CONWAY 722 N. BROADWAY, FLOOR 13 MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.
THOMAS EVERT 527 S. FRANKLIN STREET JANESVILLE, WI 53548	DIRECTOR 0.00	0.	0.	0.
SCOTT S. FENSIN 731 N. JACKSON STREET, SUITE 100 MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.
JEFFREY L. GAUVIN 100 E. WISCONSIN AVENUE, SUITE 1200 MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.
GARY GEISLER 1200 N. MAYFAIR ROAD, SUITE 400 WAUWATOSA, WI 53226	DIRECTOR 0.00	0.	0.	0.
MICHAEL GILLILAN 10 E. DOTY STREET, SUITE 1000 MADISON, WI 53703	DIRECTOR 0.00	0.	0.	0.
WILLIAM D. GOODMAN 11414 W. PARK PLACE, SUITE 200 MILWAUKEE, WI 53224	DIRECTOR 0.00	0.	0.	0.
ALLAN HAAS 420 S. FIRST STREET, 2ND FLOOR MILWAUKEE, WI 53204	DIRECTOR 0.00	0.	0.	0.
GAIL L. HANSON 121 E. WILSON STREET, P.O. BOX 7842 MADISON, WI 53707	DIRECTOR 0.00	0.	0.	0.

ROBERT E. HARLAN 1265 LOMBARDI AVENUE GREEN BAY, WI 54304	DIRECTOR 0.00	0.	0.	0.
CLIFFORD HENRICKSON 777 E. WISCONSIN AVE. MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.
RICHARD S. HENSLEY N56 W16949 RIDGEWOOD DRIVE MENOMONEE FALLS, WI 53051	DIRECTOR 0.00	0.	0.	0.
MARK HINTERBERG 3600 - 52ND STREET KENOSHA, WI 53144	DIRECTOR 0.00	0.	0.	0.
JAMES H. HUNTER 12247 W. FAIRVIEW AVE. MILWAUKEE, WI 53226	DIRECTOR 0.00	0.	0.	0.
JAMES P. INJESKI 6001 S. PENNSYLVANIA AVENUE CUDAHY, WI 53110	DIRECTOR 0.00	0.	0.	0.
EMORY IRELAND 777 E. WISCONSIN AVE., SUITE 3800 MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.
BARBARA C. JEWELL 1201 S. SECOND STREET MILWAUKEE, WI 53204	DIRECTOR 0.00	0.	0.	0.
WILLIE JOHNSON, JR. 901 N. 9TH STREET MILWAUKEE, WI 53233	DIRECTOR 0.00	0.	0.	0.
WILLIE JUDE 3226 N. 48TH STREET MILWAUKEE, WI 53216	DIRECTOR 0.00	0.	0.	0.
KIM L. KINDSCHI 100 RIVER PLACE, SUITE 1 MONONA, WI 53716	DIRECTOR 0.00	0.	0.	0.
HEIDI J. KOLTON N35 W23877 HIGHFIELD COURT PEWAUKEE, WI 53072	DIRECTOR 0.00	0.	0.	0.
GREGORY R. MAASS 200 S. BROADWAY GREEN BAY, WI 54303	DIRECTOR 0.00	0.	0.	0.

LISA MARION-HOWARD 5354 N. 68TH STREET MILWAUKEE, WI 53218	DIRECTOR 0.00	0.	0.	0.
ELLIOTT MOESER 3117 HOLY HILL ROAD RICHFIELD, WI 53076	DIRECTOR 0.00	0.	0.	0.
JAMES R. NELSEN 4033 PETIT ROAD OCONOMOWOC, WI 53066	DIRECTOR 0.00	0.	0.	0.
CHRISTINE E. NEUBER N17 W24340 RIVERWOOD DRIVE WAUKESHA, WI 53188	DIRECTOR 0.00	0.	0.	0.
TIM O'DRISCOLL N71 W30665 MARY HILL DRIVE HARTLAND, WI 53029	DIRECTOR 0.00	0.	0.	0.
IRV PALMER 2475 W. HAMPTON AVENUE MILWAUKEE, WI 53209	DIRECTOR 0.00	0.	0.	0.
DAN POULSON N795 TAMARACK ROAD PALMYRA, WI 53156	DIRECTOR 0.00	0.	0.	0.
BETH RATWAY P.O. BOX 7841 MADISON, WI 53707	DIRECTOR 0.00	0.	0.	0.
JAMES S. REEVE III 526 E. WISCONSIN AVENUE MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.
CHARLES R. REVIE 8869 GREENHILL LANE GREENDALE, WI 53129	DIRECTOR 0.00	0.	0.	0.
ANN M. RIEGER 300 N. CORPORATE DRIVE, SUITE 150 BROOKFIELD, WI 53045	DIRECTOR 0.00	0.	0.	0.
DEAN RYERSON 17 HEMLOCK TRAIL MADISON, WI 53717	DIRECTOR 0.00	0.	0.	0.
THOMAS S. SCHEETZ 862 RIVER LEA COURT MENASHA, WI 54952	DIRECTOR 0.00	0.	0.	0.

MARK SCHUG 281 ENDERIS HALL, P.O. BOX 413 MILWAUKEE, WI 53201	DIRECTOR 0.00	0.	0.	0.
LEON M. SCHUR P. O. BOX 413 MILWAUKEE, WI 53201	DIRECTOR 0.00	0.	0.	0.
GERALD L. SCHWARZ 780 N. WATER STREET MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.
ALLAN H. (BUD) SELIG 777 EAST WISCONSIN AVENUE, SUITE 3060 MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.
JOSEPH M. SHEEHAN 830 VIRGINIA AVENUE SHEBOYGAN, WI 53081	DIRECTOR 0.00	0.	0.	0.
PATRICK J. SHEEHY 720 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.
LESLIE STEINHAUS 419 SOUTH ELIZABETH STREET WHITEWATER, WI 53190	DIRECTOR 0.00	0.	0.	0.
RUTH V. A. STREKOW 411 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.
STEVEN K. STUEHRK 10310 N. KENILWORTH CIRCLE MEQUON, WI 53092	DIRECTOR 0.00	0.	0.	0.
MICHAEL THUECKS 655 W. RYAN STREET BRILLION, WI 54110	DIRECTOR 0.00	0.	0.	0.
DOUGLAS J. TUCKER 411 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.
JOSEPH C. WRIGHT 12301 W. WIRTH STREET WAUWATOSA, WI 53222	DIRECTOR 0.00	0.	0.	0.
EDWARD ZORE 720 E. WISCONSIN AVENUE MILWAUKEE, WI 53202	DIRECTOR 0.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A		<u>90,929.</u>	<u>0.</u>	<u>0.</u>
---------------------------------------	--	----------------	-----------	-----------

SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT 11
	PART III, LINE 2D	

COMPENSATION TO PRESIDENT FOR SERVICES RENDERED. ALSO REIMBURSEMENT TO PRESIDENT FOR EXPENSES INCURRED PERSONALLY RELATING TO COUNCIL PROGRAMS AND ACTIVITIES.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 12
PART III, LINE 3A

WINNERS OF STOCK MARKET SIMULATION RECEIVE SCHOLARSHIPS