

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 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.			D Employer identification number 39-1154960	
	Doing Business As			E Telephone number (414) 525-6100	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	10405 WEST SAINT MARTINS ROAD				
City or town, state or country, and ZIP + 4 FRANKLIN, WI 53132			G Gross receipts \$ 22,551,357.		
F Name and address of principal officer: CARMEN FLORES 10405 WEST SAINT MARTINS ROAD FRANKLIN, WI 53132			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527	
J Website: ▶ WWW.ICS-MILW.ORG			H(c) Group exemption number ▶		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1971		M State of legal domicile: WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE INDIAN COMMUNITY SCHOOL PROVIDES EACH CHILD IN OUR CARE WITH THE BEST EDUCATIONAL OPPORTUNITIES TO ACHIEVE THE CHILD'S GREATEST PERSONAL AND COMMUNITY POTENTIAL.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5.
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	126.
	6 Total number of volunteers (estimate if necessary)	6	47.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,177,945.	12,133,425.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,538.	8,592.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,090.	646,353.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	446,811.	260,673.
		13,694,384.	13,049,043.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	396,499,808.	250,026.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,165,957.	5,076,636.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 19,027.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,381,857.	8,479,221.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	410,047,622.	13,805,883.
19 Revenue less expenses. Subtract line 18 from line 12	-396,353,238.	-756,840.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	457,906,538.	491,043,373.
	22 Net assets or fund balances. Subtract line 21 from line 20.	79,693,032.	76,199,944.
		378,213,506.	414,843,429.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompsett</i>	Date 5/8/2014	Check if self-employed <input type="checkbox"/>	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP	EIN ▶ 36-6055558		Phone no. ▶ 212-599-0100	
	Firm's address ▶ 666 THIRD AVENUE NEW YORK, NY 10017-4057				
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] 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? [] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,882,700. including grants of \$ 230,394.) (Revenue \$ 7,332.)

ACADEMIC PROGRAM - THE INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC. IS A SCHOOL EDUCATING SOUTHEASTERN WISCONSIN INDIAN CHILDREN, GRADES 4K THROUGH EIGHTH. THE SCHOOL'S MISSION IS TO PROVIDE EACH CHILD IN ITS CARE WITH THE BEST OPPORTUNITIES TO DEVELOP SPIRITUALLY, MORALLY, EMOTIONALLY, PHYSICALLY, SOCIALLY, ARTISTICALLY AND INTELLECTUALLY IN ORDER TO ACHIEVE EACH CHILD'S GREATEST PERSONAL AND COMMUNITY POTENTIAL.

4b (Code:) (Expenses \$ 492,990. including grants of \$) (Revenue \$)

SUPPORTING SERVICES - SUPPORTING SERVICES ARE PROVIDED TO THE SCHOOL CHILDREN IN ADDITION TO THE REGULAR ACADEMIC PROGRAM. INDIAN COMMUNITY SCHOOL OF MILWAUKEE EMPLOYS TWO SUPPORT SERVICES TEACHERS, A READING SPECIALIST, AN INTERVENTIONALIST AND A DIRECTOR TO PERFORM THESE SUPPORTING SERVICES.

4c (Code:) (Expenses \$ 335,308. including grants of \$ 19,632.) (Revenue \$ 1,260.)

FAMILY RESOURCE CENTER - THE SCHOOL'S FAMILY RESOURCE CENTER FOCUSES ON BIRTH TO K3 INDIAN CHILDREN AND THEIR FAMILIES AS WELL AS THE FAMILIES OF THE K4 THROUGH 8TH GRADE CHILDREN THAT CURRENTLY ATTEND THE INDIAN COMMUNITY SCHOOL. THE FAMILY RESOURCE CENTER OFFERS OPPORTUNITIES TO EDUCATE PARENTS IN A VARIETY OF AREAS AND ENCOURAGES EARLY PARENTAL INVOLVEMENT IN THEIR CHILD'S DEVELOPMENT AND ON-GOING EDUCATION.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 11,710,998.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?		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 foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
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? <i>If "Yes," complete Schedule J.</i>	X	
24 a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	X	
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?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
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? <i>If "Yes," complete Schedule L, Part III.</i>		X
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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	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)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THOMAS OECHLER 10405 WEST SAINT MARTINS ROAD FRANKLIN, WI 53132 414-525-6172

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

Check if Schedule O contains a response to any question in this Part VII X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARMEN FLORES CHAIR	25.00	X		X			32,868.	0	0	
(2) JONE STROMBERG TREASURER	18.00	X		X			32,071.	0	0	
(3) DIANE AMOUR SECRETARY	18.00 3.00	X		X			36,171.	0	0	
(4) SOMMER DRAKE BOARD MEMBER - PARENT DIRECTOR	20.00	X					31,771.	0	0	
(5) JUSTIN THUNDERCLOUD BOARD MEMBER-PARENT DIRECTOR	15.00	X					32,671.	0	0	
(6) THOMAS OECHLER CHIEF FINANCIAL OFFICER	40.00			X			114,963.	0	16,600.	
(7) JACQUELINE SCHELLINGER OWNERS REP/LEGAL COUNSEL	40.00			X			324,654.	0	40,939.	
(8) AMY TROMP PRINCIPAL	40.00			X			91,946.	0	23,729.	
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							697,115.	0	81,268.	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							697,115.	0	81,268.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **7**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII.

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	11,948,533.				
	e Government grants (contributions)	1e	167,965.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,927.				
	g Noncash contributions included in lines 1a-1f: \$		6,257.				
	h Total. Add lines 1a-1f		12,133,425.				
Program Service Revenue			Business Code				
	2a STUDENT COST REIMBURSEMENTS	611710	6,861.	6,861.			
	b TRANSPORTATION REIMBURSEMENT (FROM PAREN	611710	1,731.	1,731.			
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		8,592.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		457,323.			457,323.	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	16,786.				
		(ii) Personal					
	b Less: rental expenses		4,236.				
	c Rental income or (loss)		12,550.				
	d Net rental income or (loss)		12,550.			12,550.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	9,683,598.				
		(ii) Other	461.				
	b Less: cost or other basis and sales expenses		9,479,056.	15,973.			
	c Gain or (loss)		204,542.	-15,512.			
	d Net gain or (loss)		189,030.			189,030.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities. See Part IV, line 19	a	2,879.				
b Less: direct expenses		b	3,049.				
c Net income or (loss) from gaming activities			-170.		-170.		
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue		Business Code					
11a REIMBURSEMENT FROM AFFILIATE	900099	157,306.			157,306.		
b RETURN OF EXCESS 401K CONTRIBUTIONS	900099	69,990.			69,990.		
c MISCELLANEOUS REVENUE	900099	20,997.			20,997.		
d All other revenue							
e Total. Add lines 11a-11d		248,293.					
12 Total revenue. See instructions		13,049,043.	8,592.		907,026.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX X

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	771.	771.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	249,255.	249,255.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	569,846.	116,861.	452,017.	968.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,195,103.	2,860,048.	335,055.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	206,362.	165,706.	40,656.	
9 Other employee benefits	791,688.	693,067.	98,621.	
10 Payroll taxes	313,637.	275,566.	38,018.	53.
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,144,295.	948,623.	195,672.	
c Accounting	48,573.		48,573.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	58,042.		58,042.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,787,007.	1,617,092.	169,915.	
12 Advertising and promotion	0			
13 Office expenses	60,912.	34,910.	25,918.	84.
14 Information technology	54,847.	19,956.	34,868.	23.
15 Royalties	0			
16 Occupancy	330,036.	230,264.	99,282.	490.
17 Travel	61,949.	39,988.	21,935.	26.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	22,847.	17,684.	5,135.	28.
20 Interest	2,248,055.	2,153,194.	94,861.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,180,234.	1,874,336.	301,819.	4,079.
23 Insurance	52,033.		52,033.	
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.)				
a <u>STUDENT MEALS</u>	132,045.	132,045.		
b <u>EQUIPMENT</u>	58,194.	56,047.	2,144.	3.
c <u>EDUCATIONAL SUPPLIES</u>	57,483.	57,483.		
d <u>NON-EDUCATIONAL SUPPLIES</u>	32,969.	31,733.	1,236.	
e All other expenses	149,700.	136,369.	58.	13,273.
25 Total functional expenses. Add lines 1 through 24e	13,805,883.	11,710,998.	2,075,858.	19,027.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	766,912.	1	2,666,221.
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	64,333.	7	37,500.
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	161,085.	9	195,333.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 64,700,472.		
	b Less: accumulated depreciation	10b 12,699,873.	53,638,071.	10c 52,000,599.
	11 Investments - publicly traded securities	21,231,886.	11	21,153,836.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	381,490,411.	13	414,621,955.
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	553,840.	15	367,929.
16 Total assets. Add lines 1 through 15 (must equal line 34)	457,906,538.	16	491,043,373.	
Liabilities	17 Accounts payable and accrued expenses	2,677,927.	17	2,741,553.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	65,000,000.	20	64,500,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	14,478.	23	523,170.
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	12,000,627.	25	8,435,221.
	26 Total liabilities. Add lines 17 through 25	79,693,032.	26	76,199,944.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	378,213,506.	27	414,843,429.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	378,213,506.	33	414,843,429.
34 Total liabilities and net assets/fund balances	457,906,538.	34	491,043,373.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,049,043.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,805,883.
3	Revenue less expenses. Subtract line 2 from line 1	3	-756,840.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	378,213,506.
5	Net unrealized gains (losses) on investments	5	707,029.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	36,679,734.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	414,843,429.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.	Employer identification number 39-1154960
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3 % 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 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)**. (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 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 IV.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2011 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2012; b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; b 10%-facts-and-circumstances test - 2011; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2012

Name of the organization INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.	Employer identification number 39-1154960
---	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.**

Employer identification number
39-1154960

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 164,196.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 11,948,533.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.**

Employer identification number

39-1154960

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- ----- -----	\$-----	-----

Name of organization **INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.**

Employer identification number

39-1154960

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	----- ----- -----
-----	----- ----- -----	----- ----- -----	----- ----- -----
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	----- ----- -----	----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.

Employer identification number

39-1154960

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... Yes No, 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2012

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with columns Yes, No and rows 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENTS HELD BY ICS SO	414,621,955.	FMV
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	414,621,955.	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) OTHER LIABILITIES	275,581.	
(3) INTEREST RATE SWAP LIABILITY	8,159,640.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	8,435,221.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	17,183,516.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a 707,029.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 3,548,189.		
e	Add lines 2a through 2d		2e	4,255,218.
3	Subtract line 2e from line 1		3	12,928,298.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 58,042.		
b	Other (Describe in Part XIII.)	4b 62,703.		
c	Add lines 4a and 4b		4c	120,745.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	13,049,043.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	13,685,138.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 7,287.		
e	Add lines 2a through 2d		2e	7,287.
3	Subtract line 2e from line 1		3	13,677,851.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 58,042.		
b	Other (Describe in Part XIII.)	4b 69,990.		
c	Add lines 4a and 4b		4c	128,032.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	13,805,883.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

FIN 48

THE SCHOOL ADOPTED THE PROVISIONS OF FASB INTERPRETATION NO. 48 ("FIN 48") ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109 NOW INCORPORATED IN ACCOUNTING STANDARDS CODIFICATION ("ASC") 740. ASC 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS SECTION PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE SCHOOL IS EXEMPT FROM FEDERAL INCOME TAXATION BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NEVERTHELESS, THE SCHOOL MAY BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE TAX YEARS ENDING JUNE 30, 2010, 2011, 2012 AND 2013 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES. THE ADOPTION OF ASC 740-10 DID NOT HAVE A MATERIAL IMPACT ON THE SCHOOL'S FINANCIAL STATEMENTS, AS MANAGEMENT DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WITH ITS FINANCIAL STATEMENTS.

FORM 990, SCHEDULE D, PART XI & XII

THE ICS SUPPORT ORGANIZATION'S FINANCIAL STATEMENTS ARE CONSOLIDATED WITH

Part XIII Supplemental Information (continued)

THOSE OF THE INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC. THE PARTS XI AND XII RECONCILIATION ON SCHEDULE D AGREES TO THE INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC'S FINANCIAL INFORMATION CONTAINED IN THE SUPPLEMENTAL INFORMATION TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS.

RECONCILIATION OF REVENUE

SCHEDULE D, PART XI, LINE 2D

UNREALIZED GAIN/(LOSS) ON INTEREST RATE SWAP	(3,548,189)
--	-------------

SCHEDULE D, PART XII, LINE 4(B)

RAFFLE EXPENSES RECLASSIFIED TO OFFSET REVENUE	(3,049)
--	---------

RENTAL EXPENSES RECLASSIFIED TO OFFSET REVENUE	(4,236)
--	---------

RETURN OF 401K EXCESS CONTRIBUTIONS	69,990
-------------------------------------	--------

ROUNDING	(2)
----------	-----

=====

TOTAL	62,703
-------	--------

RECONCILIATION OF EXPENSES

SCHEDULE D, PART XII, LINE 2(D)

RAFFLE EXPENSES RECLASSIFIED TO OFFSET REVENUE	3,049
--	-------

RENTAL EXPENSES RECLASSIFIED TO OFFSET REVENUE	4,236
--	-------

ROUNDING	2
----------	---

=====

TOTAL	7,287
-------	-------

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XII, LINE 4 (B)

RETURN OF 401K EXCESS CONTRIBUTIONS 69,990

**SCHEDULE E
(Form 990 or 990-EZ)**

Schools

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.

Employer identification number
39-1154960

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II.	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

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

Schedule E (Form 990 or 990-EZ) (2012)

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).

SCHEDULE E, PART I LINE 3

THE ORGANIZATION HAS CONTINUED TO PUBLISH ITS RACIALLY NONDISCRIMINATORY POLICY IN A PRESS RELEASE PUBLISHED ANNUALLY DURING ITS REGISTRATION PERIOD IN THE MILWAUKEE JOURNAL SENTINEL.

SCHEDULE E, PART I LINE 6

THE SCHOOL RECEIVES GRANT INCOME FROM:

- FRANKLIN PUBLIC SCHOOL TO PROVIDE STAFF DEVELOPMENT TRAINING FOR INSTRUCTIONAL STAFF OF \$2,257.

- WI DEPT OF PUBLIC INSTRUCTION GRANT FUNDS USED TO PROVIDE FRESH FRUIT AND VEGETABLE SNACKS TO STUDENTS \$12,195.

- WI DEPT OF PUBLIC INSTRUCTION FREE AND REDUCED PRICE MEAL REIMBURSEMENT FOR BREAKFASTS AND LUNCHESES SERVED \$152,000.

- OAK CREEK-FRANKLIN SCHOOL DISTRICT BUSING TRANSPORTATION REIMBURSEMENT OF \$1,513.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.

Employer identification number

39-1154960

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 HIGH SCHOOL TUITION	32.	229,623.		BOOK	
2 SHELTER FOR FAMILIES IN NEED	3.	1,425.		BOOK	
3 TRAVEL ASSISTANCE FOR FAMILIES IN NEED	8.	200.		BOOK	
4 GIFT CARDS FOR FOOD FOR FAMILIES IN NEED	244.	6,100.		BOOK	
5 GIFT CARDS FOR CLOTHING FOR FAMILIES IN NEED	172.	4,300.		BOOK	
6 CLOTHING FOR FAMILIES IN NEED	3.		409.	BOOK	CLOTHING
7 HYGIENE PRODUCTS FOR FAMILIES IN NEED	48.		72.	BOOK	HYGIENE PRODUCTS

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 GIFTS CARDS FOR FAMILIES IN NEED	50.	1,361.		BOOK	
2 GIFTS FOR FAMILIES IN NEEDED	232.		5,765.	BOOK	GIFTS
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, LINE 1

THE INDIAN COMMUNITY SCHOOL PROVIDES TUITION ASSISTANCE TO STUDENTS THAT ATTEND THE INDIAN COMMUNITY SCHOOL. ALL AMOUNTS PROVIDED FOR TUITION ARE PAID DIRECTLY TO THE SCHOOL AND ARE NOT PROVIDED TO THE RECIPIENT FOR DISCRETIONARY SPENDING. IN THIS REGARD, THE SCHOOL IS NOT REQUIRED TO MONITOR THE USE OF ITS FUNDS. THE INDIAN COMMUNITY SCHOOL PROVIDES FINANCIAL AND OTHER ASSISTANCE TO NEEDY INDIVIDUALS, INCLUDING SHELTER, FOOD, CLOTHING, AND GIFT CARDS FOR THE PURCHASE OF NECESSITIES. THE SCHOOL DOES NOT REQUIRE MONITORING OF THESE GIFTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.

Employer identification number

39-1154960

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JACQUELINE SCHELLINGER	(i)	323,755.	0	899.	22,018.	18,921.	365,593.	
OWNERS REP/LEGAL COUNSEL	(ii)	0	0	0			0	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, LINE 1

THE GENERAL COUNSEL'S SOCIAL CLUB DUES ARE PAID BY THE ORGANIZATION; ANY

NON-BUSINESS USE IS REPORTED AS PART OF TOTAL COMPENSATION ON HER FORM

W-2.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2012

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization

INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.

Employer identification number

39-1154960

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTHORIT	39-1337855	97710VT73	10/05/2006	25,000,000.	FINANCE CONSTRUCTION		x		x		x
B WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTHORIT	39-1337855	97710V3T3	06/28/2007	40,000,000.	RE-FINANCE CONSTRUCTION		x		x		x
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	25,650,379.		40,235,855.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	249,074.							
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds	1,526,983.		211,922.					
10 Capital expenditures from proceeds	22,655,562.							
11 Other spent proceeds			40,023,933.					
12 Other unspent proceeds	1,218,730.							
13 Year of substantial completion	2007		2007					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X	X					
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?		X	X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

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

Schedule K (Form 990) 2012

Part III Private Business Use (Continued)

WISCONSIN HEALTH & EDUCATIONAL FACILITIES AUTHORIT

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?	X		X					
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?								
c No rebate due?								
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X					
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X					
b Name of provider	JP MORGAN		JP MORGAN					
c Term of hedge	20.000		9.900					
d Was the hedge superintegrated?		X		X				
e Was the hedge terminated?		X		X				

Part VI **Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.

Employer identification number

39-1154960

FORM 990, PART VI, LINE 7

TWO (2) MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY PARENT-ELECTORS WHO ARE THE LEGAL CUSTODIANS OF AN ENROLLED INDIAN COMMUNITY SCHOOL STUDENT. A PARENT-ELECTED DIRECTOR MUST BE THE LEGAL CUSTODIAN OF AT LEAST ONE CHILD WHO WILL BE A CONTINUOUSLY ENROLLED AND ATTENDING INDIAN COMMUNITY SCHOOL STUDENT FOR EACH SEMESTER OF THE TWO (2) YEAR PERIOD OF THE PARENT-ELECTED DIRECTOR'S TERM. IF A PARENT-ELECTED DIRECTOR FAILS TO BE QUALIFIED, THE PARENT-ELECTED DIRECTOR WILL CEASE TO BE A DIRECTOR. PARENT-ELECTED DIRECTORS SERVE A TERM OF TWO (2) YEARS OR, IF UPON EXPIRATION OF A PARENT-ELECTED DIRECTOR'S TERM, NO QUALIFIED CANDIDATE RUNS IN THE ELECTION, THE PARENT-ELECTED DIRECTOR MAY SERVE ON THE BOARD THROUGH THE LAST BOARD MEETING BEFORE THE START OF THE NEXT SCHOOL YEAR. THESE TWO (2) MEMBERS ARE "PARENT-ELECTED DIRECTORS" AND ARE LISTED AS SUCH ON THE FORM 990. PARENT-ELECTED DIRECTORS GENERALLY HAVE THE SAME VOTING RIGHTS AS DIRECTORS ELECTED BY THE BOARD ("BOARD-ELECTED DIRECTORS") IN ALL MATTERS OTHER THAN (I) VOTING IN THE ELECTION OF BOARD-ELECTED DIRECTORS IF THE PARENT-ELECTED DIRECTOR HAS SERVED AS A PARENT-ELECTED DIRECTOR FOR LESS THAN THE PREVIOUS CONSECUTIVE 365 DAYS; (II) IF THERE ARE AT LEAST THREE (3) BOARD-ELECTED DIRECTORS IN OFFICE AND THE BOARD-ELECTED DIRECTORS VOTE TO KEEP A VACANT BOARD-ELECTED DIRECTOR SEAT VACANT ("DORMANT SEAT"); OR (III) IF THE BOARD-ELECTED DIRECTORS VOTE TO REACTIVATE A DORMANT SEAT. DIRECTOR SEAT VACANT ("DORMANT SEAT"); OR (III) IF THE BOARD-ELECTED DIRECTORS VOTE TO REACTIVATE A DORMANT SEAT. BOARD-ELECTED DIRECTORS IF THE PARENT-ELECTED

Name of the organization INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.	Employer identification number 39-1154960
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DIRECTOR HAS SERVED AS A PARENT-ELECTED DIRECTOR FOR LESS THAN THE PREVIOUS CONSECUTIVE 365 DAYS; (II) IF THERE ARE AT LEAST THREE (3) BOARD-ELECTED DIRECTORS IN OFFICE AND THE BOARD-ELECTED DIRECTORS VOTE TO KEEP A VACANT BOARD-ELECTED DIRECTOR SEAT VACANT ("DORMANT SEAT"); OR (III) IF THE BOARD-ELECTED DIRECTORS VOTE TO REACTIVATE A DORMANT SEAT.

FORM 990, PART VI, LINE 11

THE ORGANIZATION'S FINAL FORM 990 INCLUDING REQUIRED SCHEDULES IS DISTRIBUTED TO EACH BOARD DIRECTOR ELECTRONICALLY FOR REVIEW PRIOR TO A MONTHLY MEETING HELD BEFORE THE REQUIRED FILING DATE. THE ORGANIZATION'S FINAL FORM 990 INCLUDING REQUIRED SCHEDULES IS DISTRIBUTED TO EACH BOARD DIRECTOR IN HARD COPY AT AN OPEN MEETING PRIOR TO THE REQUIRED FILING DATE. IN ADDITION TO THE REVIEW BY MANAGEMENT, EACH BOARD DIRECTOR IS PROVIDED THE OPPORTUNITY TO REVIEW THE RETURN PRIOR TO FILING. PROVIDED THE OPPORTUNITY TO REVIEW THE RETURN PRIOR TO FILING.

FORM 990, PART VI, LINE 12

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES EACH INDIVIDUAL TO REVIEW THE POLICY AND COMPLETE A DISCLOSURE STATEMENT ON AN ANNUAL BASIS. IN ADDITION, EACH INDIVIDUAL IS REQUIRED THROUGHOUT THE YEAR TO MAKE DISCLOSURES BEFORE THE BOARD CONSIDERS A MATTER IN WHICH THE INDIVIDUAL MAY HAVE A CONFLICT OF INTEREST.

FOLLOWING AN INDIVIDUAL'S DISCLOSURE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE BOARD OF DIRECTORS SHALL DETERMINE WHETHER A CONFLICT OF

Name of the organization

INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.

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39-1154960

INTEREST EXISTS AND, IF SO, SHALL DETERMINE THE PROPER COURSE OF ACTION TO ADDRESS THE CONFLICT OF INTEREST. THE PROPER COURSE OF ACTION GENERALLY SHALL INCLUDE ABSTENTION FROM ANY FUTURE VOTE ON THE MATTER BY THE INDIVIDUAL WITH THE CONFLICT. ADDITIONALLY, THE INDIVIDUAL WILL PROVIDE ANY INFORMATION REQUESTED BY THE BOARD OF DIRECTORS WITH RESPECT TO THE CONFLICT OF INTEREST, MAY BE ASKED TO LEAVE THE ROOM DURING ANY FUTURE DISCUSSIONS AND VOTES OF THE MATTER AND SHALL ABSTAIN FROM ANY VOTE.

DISCOVERY OF POTENTIAL AND ACTUAL CONFLICTS AFTER A TRANSACTION HAS OCCURRED WILL BE REPORTED TO THE BOARD OF DIRECTORS TO DETERMINE THE PROPER MANNER IN WHICH TO ADDRESS ANY POTENTIAL OR ACTUAL CONFLICT.

FORM 990, PART VI, LINE 15

COMPENSATION FOR THE ORGANIZATION'S CFO AND PRINCIPAL WAS ESTABLISHED AFTER EXTENSIVE SEARCHES AND EXAMINATION OF OTHER COMPARABLE POSITIONS. THE BOARD'S DELIBERATION AND DECISIONS WERE APPROVED AND DOCUMENTED CONTEMPORANEOUSLY. A COMPENSATION STUDY WAS LAST CONDUCTED IN 2010 FOR THE ORGANIZATION'S BOARD OF DIRECTORS IN WHICH DATA WAS COLLECTED FROM MULTIPLE SOURCES, INCLUDING INTERNAL REVENUE SERVICE FORM 990 FOR A GROUP OF TAX EXEMPT OPERATING ORGANIZATIONS, PUBLICLY AVAILABLE DATA FROM PROXY INFORMATION STATEMENTS AND CONSIDERATION GIVEN REGARDING SIMILARITIES IN SCOPE AND SCALE, SERVICES, TIME COMMITMENTS, STAKEHOLDERS AND PROFESSIONAL TRAINING AND EXPERIENCE.

FORM 990, PART VI, LINE 19

THE SCHOOL MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY

Name of the organization

INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.

Employer identification number

39-1154960

AT ITS PLACE OF BUSINESS. THE SCHOOL'S FORM 990, FORM 1023, FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE ALL POSTED ON THE ORGANIZATION'S WEBSITE AT WWW.ICS-MILW.ORG.

FORM 990, PART VII

SECRETARY, DIANE AMOUR, RECEIVED \$36,171 IN COMPENSATION FROM THE INDIAN COMMUNITY SCHOOL FOR SERVICES RENDERED AS A BOARD OF DIRECTORS MEMBER OF ICS AND THE ICS SUPPORT ORGANIZATION, INC. THE ALLOCATION OF BOARD FEES IS AS FOLLOWS:

\$31,171 FOR SERVICES RENDERED TO ICS.

\$5,000 FOR SERVICES RENDERED TO ICS SUPPORT ORGANIZATION.

PART IX, LINE 11G - DETAILS FOR OTHER PROFESSIONAL SERVICE FEES

BUS SERVICE	1,347,776
TEMPORARY HELP	42,756
PERFORMERS/SPEAKERS	6,205
FREIGHT/DELIVERY	545
OTHER CONTRACT SERVICES	280,554
TESTING	10,825
OTHER CONSULTING	89,554
HUMAN RESOURCES	8,792

TOTAL	1,787,007
	=====

Name of the organization INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.	Employer identification number 39-1154960
--	--

RECONCILIATION OF NET ASSETS

FORM 990, PART XI, LINE 9

UNREALIZED GAIN ON INTEREST RATE SWAP 3,548,189

CHANGE IN VALUE OF THE ICS SUPPORT ORGANIZATION 33,131,545

TOTAL \$36,679,734

=====

SCHEDULE K, PART II, COLUMN A

THE PRIMARY PROJECT FINANCED WITH THE BONDS WAS PLACED IN SERVICE ON AUGUST 9, 2007. HOWEVER, RESOLUTION OF CERTAIN ERRORS AND OMISSIONS IN CONSTRUCTION AND DESIGN, NECESSARY TO THE PROJECT'S PROPER FUNCTIONALITY ARE ON-GOING AND, THERE IS PENDING LITIGATION REGARDING THE AMOUNT OF TOTAL COMPENSATION DUE THE ARCHITECT ON THE PROJECT. A PORTION OF THE PROCEEDS OF THE BONDS AND INVESTMENT EARNINGS THAT REMAINS UNSPENT HAS SINCE BEEN APPLIED TO SUCH PROJECT COSTS AND THE REMAINING PORTION WILL EITHER BE USED FOR SUCH PROJECT COSTS OR BE USED TO REDEEM BONDS.

BECAUSE THE PRIMARY PROJECT FINANCED WITH THE BONDS HAS BEEN PLACED IN SERVICE, SCHEDULE K REFLECTS A "PROJECT PERIOD" ENDED ON THE PLACED-IN-SERVICE DATE, AND THE "TOTAL PROCEEDS OF THE ISSUE" ON LINE 1 IS LIMITED TO THE SALE PROCEEDS AND INVESTMENT PROCEEDS THROUGH THE END OF THAT PROJECT PERIOD. ADDITIONAL INVESTMENT PROCEEDS AFTER THE PROJECT PERIOD WILL BE APPLIED AS DESCRIBED IN THE PRECEDING PARAGRAPH.

THE WORKING CAPITAL EXPENDITURES ON LINE 9 COMPRISE INTEREST ON THE

Name of the organization

INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.

Employer identification number

39-1154960

BONDS, BUILDER'S RISK INSURANCE AND A RATING AGENCY SURVEILLANCE FEE.

SCHEDULE K, PART II, COLUMN B

THE WORKING CAPITAL EXPENDITURES FROM PROCEEDS COMPRISE INTEREST ON THE BONDS AND EXPENSES OF EARNINGS INVESTMENT PROCEEDS.

THE REMAINING PROCEEDS OF THE ISSUE WERE USED TO REDEEM A PRIOR ISSUE OF TAX-EXEMPT BONDS, INCLUDING PAYING INTEREST ON THE REFUNDED BONDS, WITHIN 90 DAYS OF THE ISSUE DATE.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

INDIAN COMMUNITY SCHOOL OF MILWAUKEE PROVIDES CHILDREN WITH THE BEST OPPORTUNITIES TO DEVELOP SPIRITUALLY, EMOTIONALLY, PHYSICALLY, SOCIALLY, ARTISTICALLY AND INTELLECTUALLY. THE SCHOOL SERVES APPROXIMATELY 300 STUDENTS AND PROVIDES ELEMENTARY SCHOOL CLASSES AND VARIOUS CULTURAL AND EDUCATIONAL ACTIVITIES TO NATIVE AMERICAN CHILDREN AND FAMILIES.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LAKESIDE BUSES OF WISCONSIN 1520 ARCADIAN AVENUE WAUKESHA, WI 53186-3186	BUS SERVICE	1,355,395.
QUARLES & BRADY	LEGAL SERVICES	573,273.

Name of the organization INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.	Employer identification number 39-1154960
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ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
411 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202-4497		
CW PURPERO, INC. 1190 WEST RAWSON AVENUE OAK CREAK, WI 53154-3154	CONSTRUCTION	347,678.
O'ROURKE, HOGAN, FOWLER & DWYER 10 SOUTH LASALLE STREET CHICAGO, IL 60603-0603	LEGAL SERVICES	290,784.
DEWITT ROSS & STEVENS LAW FIRM TWO EAST MIFFLIN STREET, SUITE 600 MADISON, WI 53703-2865	LEGAL SERVICES	200,668.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

INDIAN COMMUNITY SCHOOL OF MILWAUKEE, INC.

Employer identification number

39-1154960

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ICS SUPPORT ORGANIZATION INC 27-3167963 10405 W. ST. MARTINS ROAD FRANKLIN, WI 53132	SUPPORT SVCS	WI	501(C)(3)	11 TYPE III	INDIAN COMM.	X	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c	X	
1d		X
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n	X	
1o	X	
1p		X
1q	X	
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ICS SUPPORT ORGANIZATION, INC	C	11,948,533.	COST
(2) ICS SUPPORT ORGANIZATION, INC	E	65,623,289.	COST
(3) ICS SUPPORT ORGANIZATION, INC	N	27,101.	COST
(4) ICS SUPPORT ORGANIZATION, INC	O	130,205.	COST
(5) ICS SUPPORT ORGANIZATION, INC	Q	172,184.	COST
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
