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TIN: 26-3049630

OMB No. 1545-0047

Inspection

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

Department of the Treasury Internal Revenue Service For the 2022 calendar year, or tax year beginning 01-01-2022 , and ending 12-31-2022 C Name of organization MILWAUKEE FILM INC D Employer identification number B Check if applicable: O Address change 26-3049630 O Name change Doing business as O Initial return O Final return/terminated E Telephone number O Amended return Number and street (or P.O. box if mail is not delivered to street address) 1037 WEST MCKINLEY AVENUE 200 O Application pending (414) 755-1965 City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53205 **G** Gross receipts \$ 6,281,234 Name and address of principal officer: **H(a)** Is this a group return for JOSEPH ROCK ☐Yes ✓ No subordinates? 1037 WEST MCKINLEY AVENUE 200 **H(b)** Are all subordinates MILWAUKEE, WI 53205 ☐ Yes ☐No included? Tax-exempt status: **501(c)(3)** 4947(a)(1) or 501(c) () ◀ (insert no.) If "No," attach a list. See instructions. **H(c)** Group exemption number ▶ Website:▶ WWW.MKEFILM.ORG L Year of formation: 2008 M State of legal domicile: WI K Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► Summary 1 Briefly describe the organization's mission or most significant activities: TO ENTERTAIN, EDUCATE AND ENGAGE OUR COMMUNITY THROUGH CINEMATIC EXPERIENCES Activities & Governance Check this box ▶ □ Number of voting members of the governing body (Part VI, line 1a) . 37 4 Number of independent voting members of the governing body (Part VI, line 1b) . . 4 30 141 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) . . **6** Total number of volunteers (estimate if necessary) 103 7a Total unrelated business revenue from Part VIII, column (C), line 12 . 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 . 0 **Prior Year Current Year 8** Contributions and grants (Part VIII, line 1h) . . . 3,288,271 2,568,000 9 Program service revenue (Part VIII, line 2g) 1,083,529 1,752,701 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -3,451 18,328 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,082,766 258,085 5,451,115 4,597,114 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 162,259 13 144,699 **14** Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,644,875 2,853,103 **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0 **b** Total fundraising expenses (Part IX, column (D), line 25) \$\int 400,206\$ **17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 2,309,853 3,370,480 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 4,099,427 6,385,842 **19** Revenue less expenses. Subtract line 18 from line 12 . . . -1,788,728 1,351,688 Assets or d Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . . . 22,665,400 11,142,698 21 Total liabilities (Part X, line 26) 14,025,393 758,963 10,383,735 8,640,007 22 Net assets or fund balances. Subtract line 21 from line 20 .

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

	_							2023-10-09				
Sign	· ['	gnature of office	er					Date				
Here	10	SEPH ROCK TRI										
	Tyl	pe or print name		Dronaroria	signature		Data	1 1	DTIN			
Paid	H	Print/ Type pi	reparer's name	Preparers	signature		Date 2023-10-09	Check if self-employed	PTIN P009767	53		
_	parer											
	Only	Firm's addre	ss > 1233 NORTH MAYFA	AIR ROAD SUITE	302			Phone no. (414)) 271-780	0		
			MILWAUKEE, WI 5						,	•		
May t	ho IDS disc	ruce this retur	n with the preparer s		See Instruction	<u> </u>			~	Voc	□ No	
			Act Notice, see the s			5		No. 11282Y				0 (2022)
	-		·	•								• (2022)
					Page 2							
Form	990 (2022))										Da
	` '		Program Service	Accomplis	hments							Page 2
			le O contains a respor	-		Part III .						
1			anization's mission:									
TO E	NTERTAIN, I	EDUCATE AND	ENGAGE OUR COMM	IUNITY THROU	JGH CINEMATIO	CEXPERIENC	CES.					
2	Did the or	ganization un	dertake any significar	nt nrogram ser	vices during th	e vear which	were not lis	sted on				
-		Form 990 or 9	, ,			e year willer				□Y	es 🔽	No
	•		new services on Sche	edule O.								
3	Did the or	ganization cea	ase conducting, or ma	ake significant	changes in how	w it conducts	, any progra	m				
	services?								•	L	Yes	✓ No
4	·		changes on Schedule			ika klauaa lau.				ده بیما		_
-	Section 50	01(c)(3) and 5	on's program service a 501(c)(4) organization each program service	ns are required								
4a	(Code:) (Expenses \$	1,122,876	including grant	ts of \$) (Revenue \$		1,159,	742)	
			- SCREENING OF AWAR	D-WINNING DO	CUMENTARIES, FE	EATURE LENGT	H, AND SHORT	Γ FILMS THAT WE	RE HAND-	PICKE	D AS TH	Ē BEST
	FROM THE C	GLOBAL FESTIV	AL CIRCUIT.									
4b	(Code:) (Expenses \$	641,835	including grant	ts of \$) (Revenue \$		35,	239)	
	BETWEEN A HISTORY M	RTISTS, EDUCA ONTH, WOMEN'S	MILWAUKEE FILM'S CULT ITIONAL INSTITUTIONS, S HISTORY MONTH, CULT INE SIN FRONTERAS, AN	CORPORATIONS TURES & COMMU	, AND COMMUNIT INITIES: A FILM,	Y ORGANIZAT	IONS. PRESEN	TLY, C&C INCLUDE	ES SIX PR	OGRAI	MS: BLA	CK
4c	(Code:) (Expenses \$	2,445,029	including gran	to of t) (Revenue \$		011	389)	
70	•	PERATIONAL CO	OMPONENTS OF THE ORI		3 3		RAMMING, CO		UE RENTA		,	AL
	EVENTS.				•		·	•				
	(Code:) (Expenses \$	588,973	including grant	ts of \$	162 250) (Revenue \$		4	416)	
	(Couc.) (Expenses \$	300,373	including grain	ισ οι φ	102,233) (Revenue \$		٦,	410)	
4d	(Expenses	_	(Describe in Schedul 588,973 inclu	e O.) ding grants of	· \$	162.259) (Revenue :	\$	4.4	16)		
4e	` '		e expenses ►	4,798,7		102,203) (<u> </u>	., .	/		
	•		•	, ,						F	orm 9 9	90 (2022)
					Page 3							
Form	990 (2022))										Page 3
Pai	rt IV Ch	ecklist of I	Required Schedul	es								- 5
											Yes	No
1	Is the orga		cribed in section 501(, , ,	a)(1) (other th	an a private	foundation)	? If "Yes," comp	olete	1	Yes	
2			ired to complete School		dule of Contrib	<i>Itors</i> ? See in	structions	%		2	Yes	
3	Did the or	ganization en	gage in direct or indir	ect political ca	ımpaign activiti	es on behalf	of or in opp	osition to candi	dates			No
-			," complete Schedule							3		

4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
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,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
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>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🐿	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 12a	Yes	No
ь 13	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	Yes	
		13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
_	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>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
	Page 4	F	orm 99	0 (2022)

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Part IV Checklist of Required Schedules (continued)

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"
	annulata Cabadula I

	Yes	No
22	Yes	
23	Yes	

99

2a

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2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by

b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	and the boundary.	F	orm 99	0 (2022)

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Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 37			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990	12-	V	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13 14	Did the organization have a written whistleblower policy?	13 14		No No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14		INO
_		15a	Voc	
	The organization's CEO, Executive Director, or top management official	15a 15b	Yes	No
U	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		INO
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
b	taxable entity during the year?	16a		No
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction 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 Form 1023 (1024 or 1024-A, 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.			
	☐ Own website ✓ Another's website ✓ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: NICK WERNER 1037 WEST MCKINLEY AVENUE 200 MILWAUKEE, WI 53205 (414) 755-1965			

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

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	one of or dir	(C) ition (do not ch box, unless pe ficer and a dire Institutional Trustee:	neck ersor ector	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-	(F) Estimated amount of other compensation from the organization						
	below dotted line)	idual trustee rector	Trustee;	er	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	NEC)	and related organizations		
(1) JOHN RIDLEY	1.00	Х						0	0	0		
BOARD MEMBER	•	^						0	0	0		
(2) MARIANNE LUBAR EXECUTIVE COMMITTEE MEMBER	1.00	Х		x				0	0	0		
(3) TRACEY KLEIN	1.00			.,								
SECRETARY AND GOVERNANCE V		Х		Х				0	0	0		
(4) ALEC FRASER	1.00	Х		х				0	0	0		
EXECUTIVE COMMITTEE MEMBER												
(5) DONNA BAUMGARTNER	1.00	Х						0	0	0		
BOARD MEMBER												
(6) MICHAEL KOSS BOARD MEMBER	1.00	Х						0	0	0		
(7) KAREN ELLENBECKER BOARD MEMBER	1.00	Х						0	0	0		
(8) CHRIS ABELE BOARD MEMBER	1.00	Х						0	0	0		
(9) JEFF FITZSIMMONS BOARD MEMBER	1.00	Х						0	0	0		
(10) CARMEN HABERMAN BOARD MEMBER	1.00	х						0	0	0		
(11) EMILIA LAYDEN EDUCATION VICE CHAIR	1.00	х						0	0	0		
(12) JULIA TAYLOR BOARD MEMBER	1.00	Х						0	0	0		

(13) STEVE LAUGHLIN	1.00	Х			0	0	0
BOARD MEMBER		,				0	Ü
(14) KATHRYN BURKE BOARD MEMBER	1.00	Х			0	0	0
(15) ALEXANDER LASRY BOARD MEMBER	1.00	Х			0	0	0
(16) MICHAEL LOVELL BOARD MEMBER	1.00	Х			0	0	0
(17) JOSEPH ROCK TREASURER & FINANCE VICE C	1.00	Х	х		0	0	0

Form **990** (2022)

— Раде 8 **—**

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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)	one	(C) sition (do not che box, unless pe fficer and a dire Institutional Trustee;	eck rsoi cto	n is r/tru	both a istee)		Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations		
		trustee			yee	Highest compensated employee						
(18) KEN KREI	1.00	.,		.,								
PRESIDENT		×		Х				0	0	U		
(19) JOHN BANIA	1.00	.,						_	_	_		
EXECUTIVE COMMITTEE MEMBER		×		Х				0	0	0		
(20) PATTI KEATING KAHN	1.00											
IMMEDIATE PAST BOARD CHAIR		X		Χ				0	0	0		
(21) LACEY SADOFF	1.00											
BOARD MEMBER		X						0	0	0		
(22) JOHN UTZ	1.00											
BOARD MEMBER		X						0	0	0		
(23) MARK MONE	1.00											
BOARD MEMBER	1.00	X						0	0	0		
(24) 10AN HIBAR	1.00											
BOARD MEMBER	1.00	X						0	0	0		
(25) SUSAN HAISE	1.00											
BOARD MEMBER	1.00	Х						0	0	0		
(26) KATIE HEIL	1.00											
BOARD MEMBER	1.00	Х						0	0	0		
(27) STEVE MECH	1.00											
DOADD MEMBED	1.00	X						0	0	0		
BOARD MEMBER (28) DAVE STAMM	1.00											
	1.00	Х						0	0	0		
BOARD MEMBER (29) JASMINE JOHNSON												
	1.00	Х						0	0	0		
BOARD MEMBER (30) SUSAN MIKULAY					-							
	1.00	Х		Х				0	0	0		
EXECUTIVE COMMITTEE MEMBER (31) KIMBERLY WALKER						H						
	1.00	х		Х				0	0	0		
EXECUTIVE COMMITTEE MEMBER (32) MICHAEL KLEIN		ļ										
(32) MICHAEL KLEIN	1.00	Х						0	0	0		
BOARD MEMBER		1	ı		ı	ı l		I				

		·			יי פ	ionpi	JIIC E	-xpiorer i rei ai	ı	•
(33) JAMES STOLL	1.00	Х						0	0	0
BOARD MEMBER										
(34) LORI BRISSETTE	1.00	х						0	0	0
BOARD MEMBER		····^						· ·		Ü
(35) HEIDI MOORE	1.00							_		
BOARD MEMBER		X						0	0	0
(36) GAIL YABUKI	1.00							_		
BOARD MEMBER		×						0	0	0
(37) JONATHAN JACKSON	40.00			х				222,000	0	7,118
CHIEF EXECUTIVE OFFICER				^				222,000	J	7,110
(38) JASON KOEHLER	40.00			,,				45.004		0.075
CHIEF FINANCIAL OFFICER				Х				45,281	0	8,875
(39) JEFFREY KURZ	1.00			,,						
BOARD MEMBER				Х				0	0	0
(40) NICHOLAS WERNER	40.00			х				59,538	0	7,794
CHIEF FINANCIAL OFFICER))	^				39,330		7,734
(41) GERAUD BLANKS	40.00			.,				100.014		27.222
CHIEF INNOVATIN OFFICER				Х				103,814	0	27,392
				•	·					
c Total from continuation sheets to Part	•				` _					
d Total (add lines 1b and 1c)				•	•			430,633	0	51,179
2 Total number of individuals (including b	ut not limited to	those	listed above) wh	no re	cei	ved m	ore	than \$100,000		

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	3		No				
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	4	Yes					
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	5		No				

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
ORIENTAL BUILDING SPE LLC	RENT	355,940
PO BOX 51148 MILWAUKEE, WI 53203		
JONJA HOLDINGS	RENT	155,360
313 N PLANKINTON AVENUE MILWAUKEE, WI 53203		
ARTSPEAK MEDIA	ADVERTISING	101,108
2203 NORTH TERRACE AVENUE MILWAUKEE, WI 53202		
2 Total number of independent contractors (including but not limited to those li		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 compensation from the organization ► 3

Form **990** (2022)

		. 490 5			
Form 990 (20	022)				Page !
Part VIII	Statement of Revenue				
	Check if Schedule O contains a response or note to any	y line in this Part VIII			\square
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514

Federated campaigns . . 1a
Contributions,
Sifts Grants

antd Hembership dues . OtherAmt Similar	•	_ <u> </u>		J		
Aក្រែ០ប្រីអាស្នូdraising events	•	1c				
d Related organizations	5	1d				
e Government grants (con 513,704	tributio	ns) 1e				
f All other contributions, g and similar amounts not above						
2,054,296						
g Noncash contributions in lines 1a - 1f:\$	icluded i	in 1g				
h Total. Add lines 1a-1	.f .		2,568,000			
<u> </u>			Business Code			
2a TICKET SALES - CIN	IEMA		900099	574,752	574,752	
, SPONSORSHIP REVE	NUE		900099	557,000	557,000	
DEPOSORSHIP REVERSE TO SPONSORSHIP FEES **MEMBERSHIP FEES** **TICKET SALES - FES			900099	341,452	341,452	
	STIVAL		900099	249,195	249,195	
SERVICE FEE - CINE	MA		900099	29,002	29,002	
f All other program	servic	ce revenue.		1,300	1,300	
9 Total. Add lines			1,752,701		<u> </u>	
3 Investment income			erest, and other	21,142		21,142
similar amounts) . 4 Income from inves			d proceeds	21/112		22/2 18
5 Royalties			▶			
	$\prod_{i=1}^{n}$	(i) Real	(ii) Personal			
6a Gross rents	6a	5,620				
b Less: rental expenses	6b	0				
c Rental income or (loss)	6с	5,620				
d Net rental incom	e or (le	oss)		5,620	5,620	
		(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	7a	1,578,012				
Less: cost or other basis and sales expenses	7b	1,580,826				
Gain or (loss)	7c	-2,814				
Gain or (loss) d Net gain or (loss) Gross income from f	;) .			-2,814		-2,814
a Gross income from f (not including \$ contributions reporte See Part IV, line 18	ed on lir	of ne 1c).				
b Less: direct expe		<u> </u>				
c Net income or (lo	ss) fro	m fundraising even	ts			
9a Gross income from See Part IV, line 1	9 .	9a				
b Less: direct expe		9b				

	The moone or (1000) from gaining accirie			1	1	
	10aGross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of invent	103,294	227,442	227,442		
	11aADMINISTRATIVE FEE	Business Code 900099	12,688	12,688		
	b OTHER INCOME	900099	12,335	12,335		
Ot	rer®evenueMiscAmt					
	d All other revenue					
	e Total. Add lines 11a-11d	•	25,023			
	12 Total revenue. See instructions	•	4,597,114	2,010,786	0	18,328

Form **990** (2022)

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Form 990 (2022) Page **10**

Check if Schedule O contains a response or note to any	y line in this Part IX			\square
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	107,208	107,208		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	55,051	55,051		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	492,178	209,145	236,698	46,335
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,966,872	1,486,893	205,050	274,929
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,159		31,159	
9 Other employee benefits	189,954	106,623	55,505	27,826
10 Payroll taxes	172,940	114,642	33,231	25,06
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,513		15,513	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	239,931	73,275	166,656	
12 Advertising and promotion	299,236	278,817	20,419	
13 Office expenses	138,697	117,329	12,115	9,25
14 Information technology	63,219	13,991	43,678	5,55
15 Royalties				
16 Occupancy	842,994	644,899	198,095	
	291.031			11,15

Balance Sheet

18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	18,917		18,830	87
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	550,030	502,153	47,877	
23	Insurance	63,393		63,393	
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 FILM PROGRAMMING	371,292	371,292		
	b CATERING	199,148	199,148		
	c AWARDS	138,250	138,250		
	d AUDIO AND VISUAL	79,111	79,111		
	e All other expenses	59,718	39,849	19,869	
25	Total functional expenses. Add lines 1 through 24e	6,385,842	4,798,713	1,186,923	400,206
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

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Form 990 (2022) Page **11**

				(A) Beginning of year		(B) End of year	
1	Cash-non-interest-bearing			1,849,867	1	863,956	
2	Savings and temporary cash investments			0	2	940,911	
3	Pledges and grants receivable, net	edges and grants receivable, net					
4	Accounts receivable, net			176,132	4	484,170	
5	trustee, key employee, creator or founder, subst	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons					
6	Loans and other receivables from other disqualif section $4958(f)(1)$, and persons described in section				6		
_{εΩ} 7	Notes and loans receivable, net			7			
ssets 8	Inventories for sale or use	28,327	8	31,819			
9 A SS	Prepaid expenses and deferred charges		49,313	9	72,444		
	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	6,984,477				
b	Less: accumulated depreciation	10b	1,775,951	5,581,228	10c	5,208,526	
11	Investments—publicly traded securities .			578,054	11	0	
12	Investments—other securities. See Part IV, line	11 .			12		
13	Investments—program-related. See Part IV, line	11 .			13		
14	Intangible assets				14		
15	Other assets. See Part IV, line 11			5,670	15	13,501,904	
16	Total assets. Add lines 1 through 15 (must equ	ual line	33)	11,142,698	16	22,665,400	
17	Accounts payable and accrued expenses			153,230	17	166,320	
18	Grants payable				18		
19	Deferred revenue			605,733	19	182,507	
20	Tax-exempt bond liabilities			20			
ဖွာ့ 21	Escrow or custodial account liability. Complete P	art IV c	f Schedule D		21		
abilities	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons .	butor, c	r 35% controlled entity		22		

		<u> </u>				
	23	Secured mortgages and notes payable to unrelated third parties	23			
	24	Unsecured notes and loans payable to unrelated third parties	24			
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	25		13	,676,566
	26	· · · · · · · · · · · · · · · · · · ·	26		14	,025,393
or Fund Balances	27	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 7,736,352	27		6.	.822,054
Bal	28		28			817,953
Fund		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.				
5	29		29			
ste	30	Paid-in or capital surplus, or land, building or equipment fund	30			
Assets	31	Retained earnings, endowment, accumulated income, or other funds	31			
	32	Total net assets or fund balances	32		8,	640,007
Net	33	Total liabilities and net assets/fund balances	33		22	,665,400
		·		F	orm 99	0 (2022)
		(2022)				Page 12
Pa	art XI	Reconcilliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI	· ;			<u> </u>
1		al revenue (must equal Part VIII, column (A), line 12)	1			,597,114
2		al expenses (must equal Part IX, column (A), line 25)	2			,385,842
3 4		venue less expenses. Subtract line 2 from line 1	3			,788,728
5		assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5		10,	,383,735
6		nated services and use of facilities	6			
7		estment expenses	7			
8		or period adjustments	8			
9		er changes in net assets or fund balances (explain in Schedule O)	9			45,000
10) Net	assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		8	,640,007
Pa	art XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				~
		and the street of contains a responde of note to any mile in this case.			Yes	No
1	If t	ounting method used to prepare the Form 990: Cash Accrual Other he organization changed its method of accounting from a prior year or checked "Other," explain on ledule O.				
2	a We	re the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		'es,' check a box below to indicate whether the financial statements for the year were compiled or reviewed carate basis, consolidated basis, or both:	n a			
	(Separate basis				
b	We	re the organization's financial statements audited by an independent accountant?		2b	Yes	
		'es,' check a box below to indicate whether the financial statements for the year were audited on a separate l solidated basis, or both:	oasis,			
	(☐ Separate basis ☐ Both consolidated and separate basis				
c	of t	Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight he audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If t	he organization changed either its oversight process or selection process during the tax year, explain in Scheo	dule O.			
	Gui	a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Undance, 2 C.F.R. Part 200, Subpart F?		За		No
b		Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi lit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b		

Form **990** (2022)

Form 990 (2022)

Additional Data Return to Form

Software ID: Software Version:

Form 990. Special Condition Description:

efile Public Visual Render

ObjectId: 202332999349300328 - Submission: 2023-10-26

TIN: 26-3049630

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

		ne organization					Employer identific	ation number		
MILWA	WKEE I	FILM INC					26-3049630			
	rt I	Reason for Public					See instructions.			
_	rganiz	ration is not a private fou		•	<i>,</i>	, ,				
1		A church, convention of	,				(A)(i).			
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)				
3		A hospital or a cooperat	ive hospital ser	vice organization descr	ribed in sectio r	170(b)(1)(A)(iii).			
4		A medical research organame, city, and state:	anization operat	ed in conjunction with	a hospital desc	ribed in section :	170(b)(1)(A)(iii). E	nter the hospital's		
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or o	operated by a gov	ernmental unit descril	oed in section		
6		A federal, state, or local	government or	governmental unit de	scribed in sect	ion 170(b)(1)(A	ı)(v).			
7	~	An organization that no section 170(b)(1)(A)			s support from	a governmental u	nit or from the genera	al public described in		
8		A community trust desc	ribed in sectio	170(b)(1)(A)(vi).	(Complete Part	II.)				
9		An agricultural research non-land grant college o	of agriculture. S	ee instructions. Enter	the name, city,	and state of the o	college or university:			
10		from activities related to investment income and	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.)							
11		An organization organiz	ed and operated	d exclusively to test for	r public safety.	See section 509	(a)(4).			
12		An organization organiz more publicly supported on lines 12a through 12	l organizations (described in section 5	09(a)(1) or so	ection 509(a)(2). See section 509(a			
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo	ontrolled by its ority of the dire	supported organizetors or trustees of	zation(s), typically by of the supporting orga	giving the supported nization. You must		
b		Type II. A supporting of management of the sup	organization sup porting organiz	ervised or controlled in ation vested in the sar						
с		must complete Part I Type III functionally supported organization(integrated. A	supporting organizatio				ted with, its		
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	d. A supporting organing generally must satis	ization operated fy a distributior	d in connection win requirement and	th its supported orgar			
e		Check this box if the org				IRS that it is a Ty	pe I, Type II, Type III	functionally		
f	Enter	integrated, or Type III r the number of supported	,	3 11 3	_					
g		de the following informat	_				· · · · · · · · <u> </u>			
		Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the or	ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No				
	aperv	work Reduction Act No or 990-EZ.	Lice, see the I	nstructions for	Cat. No. 1128] 35F	Schedule	A (Form 990) 2022		
				Pa	ge 2 ———					
Sched	dule A	(Form 990) 2022			3 · -			Page 2		
Pa	rt II			zations Described ne box on line 5, 7,						

If the organization failed to qualify under the tests listed below, please complete Part III.)

Tax revenues levied for the

10/27/	24, 8:24 AM	Mi	ilwaukee Film Ind	c - Full Filing- Non	profit Explorer - P	roPublica			
	organization's penent and entrer paid	I	1	I	I				
5	to or expended on its behalf The value of services or facilities								
3	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.								
С	Add lines 7a and 7b								
8	Public support. (Subtract line 7c								
	from line 6.)								
	ection B. Total Support	T	1						
	ndar year fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b,								
	whether or not the business is regularly carried on.								
12	Other income. Do not include gain or								
	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,						+		
	11, and 12.)								
14	First 5 years. If the Form 990 is for t	_			•		-		
	this box and stop here								▶∪
Se	ction C. Computation of Public								
15	Public support percentage for 2022 (lin		-			15			
16	Public support percentage from 2021 S	Schedule A, Part	III, line 15			16			
Se	ction D. Computation of Invest								
17	Investment income percentage for 20	22 (line 10c, colu	umn (f) divided l	by line 13, column	n (f))	. 17			
18	Investment income percentage from 2	021 Schedule A,	, Part III, line 17			18			
19a	33 1/3% support tests-2022. If the	organization did	not check the bo	ox on line 14, and	line 15 is more t	han 33 1/3%, and I	ine 17	is not	
	more than 33 1/3%, check this box and	stop here. The	organization qu	alifies as a publicl	ly supported orga	nization		ightharpoons	
b	33 1/3% support tests—2021. If the	e organization did	d not check a bo	x on line 14 or lin	e 19a, and line 16	6 is more than 33	1/3 % a	nd line	18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	n qualifies as a pu	ablicly supported	organization	!	▶ □	
20	Private foundation. If the organization	on did not check	a box on line 14	, 19a, or 19b, che	eck this box and s	see instructions .		ightharpoons	
						Schedule A			2022
			Page	4 ———					
			3 ·						
C . !	dula A (Farma 000) 2022								
_	dule A (Form 990) 2022							F	Page 4
Pai	t IV Supporting Organization		65 (= ==						
	(Complete only if you checked abox 12b, of Part I, complete Se								
_	12d, of Part I, complete Section	ns A and D, and o	complete Part V.)					
Se	ction A. All Supporting Organiz	ations							
								Yes	No
1	Are all of the organization's supported	organizations lis	ted by name in t	he organization's	aovernina docum	nents?			
	If "No," describe in Part VI how the se	upported organiz	ations are desigi	nated. If designat					
	describe the designation. If historic an	d continuing rela	itionship, explain).			1		
2	Did the organization have any support	ed organization t	that does not hav	ve an IRS determi	ination of status (under section			
-	509(a)(1) or (2)? If "Yes," explain in F								
	described in section 509(a)(1) or (2).						2		
3a	Did the organization have a supported	organization des	scribed in section	501(c)(4) (5) c	or (6)? <i>If "Yes." a</i>	newer lines 3h and	_	†	
	and an gameadon make a supported	500000 000					1	<u> </u>	
	3c below.			1 301(0)(1)) (3)) 0	(5): 1: 1: 5: 5: 5:	nswer lines 30 and	2-		
h		supported organ			,		3a		
b	3c below. Did the organization confirm that each the public support tests under section		nization qualified	under section 50	1(c)(4), (5), or (6	6) and satisfied	3a		
b	Did the organization confirm that each		nization qualified	under section 50	1(c)(4), (5), or (6	6) and satisfied	3a 3b		

	ır res, expiain in Part vı what controis the organization put in piace to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	0-		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9a 9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10a		
	the organization had excess business holdings).	10b		
	Schedule A	(Form	990)	2022
	Page 5			
	dule A (Form 990) 2022		F	Page 5
Par	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ction B. Type I Supporting Organizations		V	
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly		Yes	No
•	appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	1		
_	operated, supervised, or controlled the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	<u> </u>			
_Se	ction C. Type II Supporting Organizations		Yes	No
			162	140

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	each of the organization's supported organization(s)? If "No," describe in Part VI now supporting organization was vested in the same persons that controlled or managed to			1			
Se	ction D. All Type III Supporting Organizations						
					Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided during the type and ty	ng the	prior tax year, (ii) a copy of the				
	Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el	lected	hy the supported	1			
-	organization(s) or (ii) serving on the governing body of a supported organization? If " organization maintained a close and continuous working relationship with the supported	'No," e	xplain in Part VI how the				
3	By reason of the relationship described in line 2 above, did the organization's supports	od ora	anizations have a significant	2			
,	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.						
Se	ection E. Type III Functionally-Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):			
а	The organization satisfied the Activities Test. Complete line 2 below.						
b	The organization is the parent of each of its supported organizations. Complete	e line	3 below.				
c	The organization supported a governmental entity. Describe in Part VI how yo	ou supp	ported a government entity (see	instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.				Yes	No	
а	Did substantially all of the organization's activities during the tax year directly further						
	supported organization(s) to which the organization was responsive? If "Yes," then in organizations and explain how these activities directly furthered their exempt purp						
	responsive to those supported organizations, and how the organization determined the						
	substantially all of its activities.	!+	an/a invalvamant ana ay maaya	2a			
	 Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes," the organization's position that its supported organization(s) would have engaged in t 	" expla	in in Part VI the reasons for				
	organization's involvement.						
3	Parent of Supported Organizations. Answer lines 3a and 3b below.						
а	Did the organization have the power to regularly appoint or elect a majority of the offithe supported organizations? If "Yes" or "No", provide details in Part VI.	icers,	directors, or trustees of each of	3a			
b	Did the organization exercise a substantial degree of direction over the policies, progresupported organizations? If "Yes," describe in Part VI. the role played by the organizations?			3b			
			Schedule A	(Forn	1 990)	2022	
	Page 6						
Scho	dule A (Form 990) 2022				_		
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations		-	Page 6	
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru			/T) Se	e		
	instructions. All other Type III non-functionally integrated supporting organiza						
	Section A - Adjusted Net Income		(A) Prior Year		ent Yea onal)	r	
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) Prior Year		ent Yea onal)	r	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
а	Average monthly value of securities	1a					

1b

1c

1d

 ${\bf b} \ \ {\bf Average} \ \ {\bf monthly} \ \ {\bf cash} \ \ {\bf balances}$

 \boldsymbol{d} \boldsymbol{Total} (add lines 1a, 1b, and 1c)

c Fair market value of other non-exempt-use assets

e Discount claimed for blockage or other factors

· · · ·	= 1, 0.= 17 m.		= xp.o.o	
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	ntegrat	ed Type III supporting organiz	zation (see

Schedule A (Form 990) 2022

— Раде 7 **—**

Schedule A (Form 990) 2022

Page **7**

Section D - Distributions		Current Year
Amounts paid to supported organizations to accomplish exempt purposes	1	
Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
Distributable amount for 2022 from Section C, line 6	9	
.0 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			

10/27/24, 8:24 AM M	illwaukee Film Inc - Full Filing-	- Nonprofit Explorer - ProPublic	ca
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			
	——— Page 8 ————	Sci	hedule A (Form 990) (2022)
Schedule A (Form 990) 2022			Page 8
Part VI Supplemental Information. Provide the explainment of Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9art IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).	9b, 9c, 11a, 11b, and 11c; Pa on E, lines 1c, 2a, 2b, 3a and 3	art IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Sect	; Part IV, Section C, line 1; ion B, line 1e; Part V
Fa	acts And Circumstances Tes	st	

Additional Data

Schedule A (Form 990) 2022

Return to Form

efile Public Visual Ren	der ObjectId: 202332999349300328 - Submissi	ion: 2023-10-26	TIN: 26-3049630	
Schedule B	Schedule B Schedule of Contributors			
(Form 990) Department of the Treasury Internal Revenue Service	2022			
Name of the organization MILWAUKEE FILM INC			Employer identification number	
Organization type (che	eck one).		26-3049630	
	•			
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust I	not treated as a private founda	ition	
	☐ 527 political organization			
Form 990-PF	☐ 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust t	treated as a private foundation		
	501(c)(3) taxable private foundation			
under sections of received from an 990, Part VIII, lin For an organization of the year, purposes, or for For an organization of the year, lifthis box is che purpose. Don't or religious, charitation. An organization of the year, lifthis box is che purpose. Don't or religious, charitation. An organization of the year, lifthis box is che purpose. Don't or religious, charitation. An organization of the year, lifthis box is che purpose. Don't or religious, charitation.	tion described in section 501(c)(3) filing Form 990 509(a)(1) and 170(b)(1)(A)(vi), that checked Sched by one contributor, during the year, total contribution the 1h, or (ii) Form 990-EZ, line 1. Complete Parts I stion described in section 501(c)(7), (8), or (10) filing total contributions of more than \$1,000 exclusively the prevention of cruelty to children or animals. Contributions exclusively for religious, charitable, exclusively for religious, charitable, exclusively exclusively for religious, charitable, exclusively	dule A (Form 990 or 990-EZ), Pons of the greater of (1) \$5,000 I and II. g Form 990 or 990-EZ that recy for religious, charitable, scien omplete Parts I, II, and III. g Form 990 or 990-EZ that recetc., purposes, but no such confeceived during the year for an exapplies to this organization being the year	art II, line 13, 16a, or 16b, and that or (2) 2% of the amount on (i) Form eived from any one contributor, tific, literary, or educational eived from any one contributor, atributions totaled more than \$1,000. exclusively religious, charitable, etc., ecause it received nonexclusively the dedule B (Form 990, H of its Form 990-EZ	
990-EZ, or 990-PF).	Act Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990) (2022)	
for Form 990, 990-EZ, or 99			,, ()	
	Page 2	2		
Schedule B (Form 990)	(2022)	1= -	Page 2	
Name of organization		Emple	oyer identification number	

https://projects.propublica.org/nonprofits/organizations/263049630/202332999349300328/full and the projects of the project of the proje

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
	-	<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		φ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		•	Payroll
		<u> </u>	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		\$	Payroll
		φ	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3 ———		
Sobodula D	(Form 000) (2022)		Dari A
Name of org	(Form 990) (2022) anization	Employer identification	Page 3
MILWAUKEĔ			
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	26-3049630	
(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	(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		(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
-				\$	
Schedule	B (Form 990) (2022)	——— Page	÷4 ————————————————————————————————————		Schedule B (Form 990) (2022) Page 4
Name of o	rganization EE FILM INC				ntification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter th year. (Enter this information once. See ins Use duplicate copies of Part III if additional s	tributor. Complete e total of exclusive structions.) \(\bar{\sigma} \)	columns (a) thro	ough (e) and the following	ng line entry. For
(a) No. from Part I	(b) Purpose of gift	ift (c) Use of gift		(d) Descr	iption of how gift is held
-		(e) Ti	ansfer of gift		
				lationship of transferor t	to transferee
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift			iption of how gift is held
-	Transferee's name, address, and		ansfer of gift Re	lationship of transferor t	to transferee
		-			
(a)					

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(b) Purpose oτ giπ	(c) Use of gift	(a) Description of now gift is neig
Transferee's name, address, and ZIP 4	(e) Transfer of gift 4 Relat	cionship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP 4	(e) Transfer of gift 4 Relat	cionship of transferor to transferee
	<u> </u>	Schedule B (Form 990) (202
	(b) Purpose of gift Transferee's name, address, and ZIP 4 (b) Purpose of gift	(e) Transfer of gift Relat (b) Purpose of gift (c) Use of gift (e) Transfer of gift (c) Use of gift

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TIN: 26-3049630

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public

	tment of the Treasury		Attach to Form 9					_	n to Public
	al Revenue Service me of the organ	► Go to <u>www.irs.gov/Forms</u>	190 for instruction	is a	na the latest info			entification	spection
	WAUKEE FILM INC					'	•		umbei
D-	ut I Oursui	izations Maintaining Donor Advis	ad Fda a Oth		Cimilar Funda a		3049630		
Pa		ete if the organization answered "Yes				ог Асс	ounts.		
	(a) Donor advised funds (b) Funds and other account								accounts
1	Total number at	end of year							
2	Aggregate value	e of contributions to (during year)							
3	Aggregate value	e of grants from (during year)							
4	Aggregate value	e at end of year							
5		ation inform all donors and donor advisors or operty, subject to the organization's excl					funds are	_	Yes 🗌 No
6	charitable purpo	ation inform all grantees, donors, and dor oses and not for the benefit of the donor o	or donor advisor, or	for a	any other purpose of	be use conferr	ed only for ing imper	r missible	Yes 🗆 No
Pa		rvation Easements. ete if the organization answered "Yes	" on Form 990, Pa	art I	IV, line 7.				
1	Purpose(s) of co	onservation easements held by the organi	zation (check all tha	at ap	oply).				
	Preservati	ion of land for public use (e.g., recreation	or education)		Preservation of an	histor	ically imp	ortant land	area
	Protection	of natural habitat	1		Preservation of a	certifie	d historic	structure	
	Preservati	ion of open space							
2		2a through 2d if the organization held a que last day of the tax year.	ualified conservatio	n co	ntribution in the fo	rm of a		ation at the End o	of the Year
а	Total number of	conservation easements				2a			
b	Total acreage re	estricted by conservation easements				2b			
c	Number of cons	servation easements on a certified historic	structure included i	n (a)	2c			
d		servation easements included in (c) acquired elisted in the National Register	ed after July 25, 200	06, a	and not on a	2d			
3	Number of constax year ▶	servation easements modified, transferred	, released, extinguis	shec	d, or terminated by	the or	ganizatior	n during the	
4	Number of state	es where property subject to conservation	easement is locate	d ►					
5		ization have a written policy regarding the				of viol	itions,	☐ Yes	□ No
_	Staff and volun	teer hours devoted to monitoring, inspect	ing handling of viol	atio	ns and enforcing o	onserv	ation ease		
6	>	tee. Heart acrosses to memoring, mapeer				01.00.1	20.01. 000		.9 ,
7	Amount of expe	enses incurred in monitoring, inspecting, h	nandling of violation	s, aı	nd enforcing conser	vation	easemen	ts during the	e year
8		servation easement reported on line 2(d) a 0(h)(4)(B)(ii)?				70(h)(4)(B)(i)	☐ Yes	□ No
9	balance sheet,	scribe how the organization reports conse and include, if applicable, the text of the f n's accounting for conservation easements	ootnote to the orga						
Par	t III Organi	izations Maintaining Collections of the organization answered "Yes	of Art, Historica			er Si	milar As	ssets.	
1a		tion elected, as permitted under FASB ASC			•	nt and	balance s	heet works	of art,
	historical treasu Part XIII, the te	ures, or other similar assets held for public ext of the footnote to its financial stateme	e exhibition, educati nts that describes th	on, iese	or research in furth items.	erance	of public	service, pro	ovide, in
b	historical treasu	tion elected, as permitted under FASB ASC ures, or other similar assets held for public nts relating to these items:							
((i) Revenue includ	ded on Form 990, Part VIII, line 1					> \$ _		
		d in Form 990, Part X							
2	If the organizat	ion received or held works of art, historica nts required to be reported under FASB A	al treasures, or othe	r sir	milar assets for fina			ide the	
а	Revenue include	ed on Form 990, Part VIII, line 1					. ▶\$		
b		I in Form 990, Part X · · · · · · · ·							

Cat. No. 52283D

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

Schedule D (Form 990) 2022

----- Page 2 ------

Sche	dule D	(Form 990) 2022											Page 2
Parl	: III	Organizations Ma	aintaining Col	lections of	f Art, His	torical [*]	Γreas	ures, o	r Other	Similar A	ssets (conti	nued)	
3		the organization's acquicheck all that apply):	uisition, accessior	n, and other	records, ch	eck any o	f the f	ollowing	that are	a significant ı	use of its coll	ection	
а		Public exhibition				d \Box	Loai	n or exch	ange pro	grams			
b		Scholarly research				e 🗆	Oth	er				·•	
С		Preservation for future	generations										
4	Provid Part X	de a description of the c	organization's coll	ections and	explain hov	w they fur	ther th	ne organi	zation's e	exempt purpo	se in		
5	Durin assets	g the year, did the orga s to be sold to raise fun	nization solicit or ids rather than to	receive don be maintain	ations of a led as part	rt, historions of the org	al trea Janizat	asures or ion's coll	other sir	milar 	☐ Yes	□ N	0
Par	t IV	Escrow and Custo Complete if the org line 21.			on Form	990, Par	t IV, I	ine 9, o	r reporto	ed an amou	int on Form	990,	Part X,
1a	Is the	e organization an agent, led on Form 990, Part X	, trustee, custodia 〈?	an or other ii	ntermediar 	y for cont	ributio	ns or oth 	er assets	not 	☐ Yes		0
b	If "Ye	es," explain the arrange	ment in Part XIII	and complet	e the follo	wing table	:			A	mount		_
c		ning balance		•		-			1c				_
d	Additi	ions during the year . .							1d				_
е	Distri	butions during the year							1e				_
f	Endin	g balance							1f				_
2a	Did th	ne organization include	an amount on Fo	rm 990, Part	X, line 21,	, for escro	w or c	ustodial	account l	iability?	☐ Yes	\square N	0
b	If "Ye	s," explain the arranger	ment in Part XIII.	Check here	if the expla	anation ha	s beer	n provide	d in Part	XIII			
Pa	rt V	Endowment Fund											
		Complete if the org	ganization answ	ered "Yes" (a) Current		990, Par (b) Prior y			years back	(d) Three ye	ars back (e) F	our vea	rs hack
1a	Beginn	ing of year balance .		(a) carren	. yeur	(B) Thory	Jui	(6) 1110	years back	(u) Timee ye	dis back (C) i	our yeu	15 Buck
b	Contrib	outions											
c	Net inv	estment earnings, gain	s, and losses										
d	Grants	or scholarships											
		expenditures for facilitie ograms	es										
f	Admini	strative expenses .											
g	End of	year balance											
2 a		de the estimated percer I designated or quasi-er	-	ent year end	balance (li	ne 1g, col	umn (a	a)) held a	as:				
b	Perma	anent endowment 🕨											
c	Term	endowment 🕨											
_		ercentages on lines 2a,	•	•									
3а		nere endowment funds in nization by:	not in the posses	sion of the o	rganization	that are	held a	nd admir	nistered f	or the		Yes	No
	_	nrelated organizations									3a(i)		
	(ii) R	elated organizations .									3a(ii)		
b		s" on 3a(ii), are the rela	3		•						3b		
4		ibe in Part XIII the inte			i's endowm	ent funds	•						
Par	t VI	Land, Buildings, a Complete if the org			on Form	990. Par	t IV. I	ine 11a.	See Fo	rm 990. Pa	rt X. line 10	_	
	Descri	ption of property	(a) Cost or oth (investme	er basis	(b) Cost or					depreciation		ok value	e
1a	Land												
b	Buildin	gs											
		old improvements				-	599,642	_		886,912		4,	712,730
		nent					031,812			621,224			410,588
			aloma a (al)		00 D-11 Y		353,023			267,815			85,208
ı ota	ı. Add	lines 1a through 1e. (Co	oiumn (a) must e	quai rorm 9	yu, rart X,	coiumn (o), IIne	= 10(C).)	• •	► Calc	odulo D (Fo		208,526

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Page 3 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12. (a) Description of security or category (b) (c) Method of valuation: Cost or end-of-year market value (including name of security) Book value (1) Financial derivatives (2) Closely-held equity interests (3)Other _ (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) **Investments - Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation: (a) Description of investment (b) Book value Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) **Part IX** Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)SECURITY DEPOSIT 5,420 (2) RIGHT-OF-USE ASSET, NET 13,496,484 (2) (3) (4) (5) (6) (7) (8) (9) **Total.** (Column (b) must equal Form 990, Part X, col.(B) line 15.) 13,501,904 Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1.

(1) Federal income taxes

	13,676,566
	_
▶	13,676,566
	urganization's financial statements t

2. Liability for uncertain tax positions. 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

					Schedule D	(Form 990) 2022
	Page 4 —					
Sche	dule D (Form 990) 2022					Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten			venue per F	Return.	
_	Complete if the organization answered 'Yes' on Form 990, Pa				T 4 F	
1	Total revenue, gains, and other support per audited financial statements .				1	5,066,558
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 _	í			
а	Net unrealized gains (losses) on investments	2a			_	
b	Donated services and use of facilities	2b		469,44	4	
С	Recoveries of prior year grants	2c			_	
d	Other (Describe in Part XIII.)	2d			_	
e	Add lines 2a through 2d				2e	469,444
3	Subtract line 2e from line 1			•	3	4,597,114
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a				
b	Other (Describe in Part XIII.)	4b				
c	Add lines 4a and 4b			•	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .			5	4,597,114
Pai	Reconciliation of Expenses per Audited Financial States Complete if the organization answered 'Yes' on Form 990, Pa			xpenses per	Return.	
1	Total expenses and losses per audited financial statements				1	6,810,286
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					_
а	Donated services and use of facilities	2a		424,44	4	
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d				2e	424,444
3	Subtract line 2e from line 1				3	6,385,842
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					_

Part XIII Supplemental Information

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.

4b

Return Reference Explanation

PART X, LINE 2:

THE ORGANIZATION HAS RECEIVED NOTIFICATION THAT IT QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE AND CORRESPONDING PROVISIONS OF STATE LAW AND, ACCORDINGLY, IS NOT SUBJECT TO FEDERAL OR STATE INCOME TAXES. THE ORGANIZATION CURRENTLY HAS NO UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED. THE ORGANIZATION HAS IMPLEMENTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. THIS STANDARD PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT

4c

5

Investment expenses not included on Form 990, Part VIII, line 7b .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .

0

6,385,842

ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AND ALSO PROVIDES GUIDANCE ON VARIOUS RELATED MATTERS SUCH AS DERECOGNIZING, INTEREST, PENALTIES AND DISCLOSURES REQUIRED. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE.

Schedule D (Form 990) 2022

Additional Da	ta					Retu	rn to Form				
			Software I Software Versio								
efile Public Visual Rend			328 - Submission: 2				TIN: 26-304963				
lote: To capture the full Schedule I Form 990)		Grants and Governments	Other Assistan s and Individua zation answered "Yes,"	Ice to Organiz	ations, d States		OMB No. 1545-0047 2022 Open to Public				
epartment of the easury iternal Revenue Service ame of the organization ILWAUKEE FILM INC	ment of the y Attach to Form 990. y Form 990 Form										
Part I General Infor	mation on Grants	s and Assistance				26-3049630					
the selection criteria use	d to award the grants	s or assistance?	of the grants or assistance,		for the grants or assistance	ce, and	✓ Yes				
				ents. Complete if the or	rganization answered "Yes"	on Form 990, Part IV, I	ine 21, for any recipient				
that received more than \$5,00 (a) Name and address of organization or government (b)		(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 noncash assistance					
or government (1) ARTSPEAK MEDIA 2 Enter total number of se 3 Enter total number of otl	ner organizations list	ed in the line 1 table .	ns listed in the line 1 table	2		· · · · · . . -	FISCAL AGENT SCHOLARSHIP				
or government (1) ARTSPEAK MEDIA 2. Enter total number of se 3. Enter total number of otl or Paperwork Reduction Act No	ction 501(c)(3) and government of the contractions list tice, see the Instructions	ons for Form 990. Pag	ns listed in the line 1 table	Cat. No. 50055		. <u>-</u>					
or government (1) ARTSPEAK MEDIA Enter total number of see Enter total number of other Paperwork Reduction Act No	ction 501(c)(3) and gother organizations listice, see the Instruction of the control of the cont	ons for Form 990. Pag	ns listed in the line 1 table	Cat. No. 50055			SCHOLARSHIP Schedule I (Form 990) 2022				
or government (1) ARTSPEAK MEDIA Enter total number of see Enter total number of other Paperwork Reduction Act Notate I (Form 990) 2022 Chedule I (Form 990) 2022	r Assistance to Dor plicated if additional	ped in the line 1 table . ons for Form 990. Pag mestic Individuals. Cospace is needed. (b) Number of	omplete if the organization (c) Amount of	Cat. No. 50055	m 990, Part IV, line 22.		SCHOLARSHIP Schedule I (Form 990) 2022 Page 2				
or government (1) ARTSPEAK MEDIA Enter total number of see Enter total number of otl or Paperwork Reduction Act No Chedule I (Form 990) 2022 Cart III Grants and Othe Part III can be du (a) Type of grant or ass (1) FISCAL AGENT SPONSOR	r Assistance to Dor plicated if additional	ped in the line 1 table . ons for Form 990. Pag mestic Individuals. Cospace is needed. (b) Number of	omplete if the organization (c) Amount of cash grant	Cat. No. 50055	m 990, Part IV, line 22.		SCHOLARSHIP Schedule I (Form 990) 2022 Page 2				
or government (1) ARTSPEAK MEDIA Part total number of see Enter total number of other paperwork Reduction Act Notate Chedule I (Form 990) 2022 Part III Grants and Other Part III can be du (a) Type of grant or ass (1) FISCAL AGENT SPONSOR	r Assistance to Dor plicated if additional	ped in the line 1 table . ons for Form 990. Pag mestic Individuals. Cospace is needed. (b) Number of	omplete if the organization (c) Amount of cash grant	Cat. No. 50055	m 990, Part IV, line 22.		SCHOLARSHIP Schedule I (Form 990) 2022 Page 2				
or government (1) ARTSPEAK MEDIA 2 Enter total number of see 3 Enter total number of otl or Paperwork Reduction Act No Chedule I (Form 990) 2022 Cart III Grants and Other Part III can be du (a) Type of grant or ass (1) FISCAL AGENT SPONSOR (1)	r Assistance to Dor plicated if additional	ped in the line 1 table . ons for Form 990. Pag mestic Individuals. Cospace is needed. (b) Number of	omplete if the organization (c) Amount of cash grant	Cat. No. 50055	m 990, Part IV, line 22.		SCHOLARSHIP Schedule I (Form 990) 2022 Page 2				
or government (1) ARTSPEAK MEDIA Penter total number of see Enter total number of other total number of othe	r Assistance to Dor plicated if additional	ped in the line 1 table . ons for Form 990. Pag mestic Individuals. Cospace is needed. (b) Number of	omplete if the organization (c) Amount of cash grant	Cat. No. 50055	m 990, Part IV, line 22.		SCHOLARSHIP Schedule I (Form 990) 2022 Page 2				
or government (1) ARTSPEAK MEDIA Enter total number of see Enter total number of other Paperwork Reduction Act Note to the dule I (Form 990) 2022 Contact III Grants and Other Part III can be du (a) Type of grant or ass (1) FISCAL AGENT SPONSOR (2) (3)	r Assistance to Dor plicated if additional	ped in the line 1 table . ons for Form 990. Pag mestic Individuals. Cospace is needed. (b) Number of	omplete if the organization (c) Amount of cash grant	Cat. No. 50055	m 990, Part IV, line 22.		SCHOLARSHIP Schedule I (Form 990) 2022 Page 2				
or government (1) ARTSPEAK MEDIA Enter total number of see Enter total number of ottor Paperwork Reduction Act Notate I (Form 990) 2022 Chedule I (Form 9	r Assistance to Dor plicated if additional	ped in the line 1 table . ons for Form 990. Pag mestic Individuals. Cospace is needed. (b) Number of	omplete if the organization (c) Amount of cash grant	Cat. No. 50055	m 990, Part IV, line 22.		SCHOLARSHIP Schedule I (Form 990) 2022 Page 2				
or government (1) ARTSPEAK MEDIA 2 Enter total number of see 3 Enter total number of otl or Paperwork Reduction Act No Chedule I (Form 990) 2022 Part III Grants and Othe Part III can be du (a) Type of grant or ass (1) FISCAL AGENT SPONSOR 1) 2) 3) 4)	r Assistance to Dor plicated if additional	ped in the line 1 table . ons for Form 990. Pag mestic Individuals. Cospace is needed. (b) Number of	omplete if the organization (c) Amount of cash grant	Cat. No. 50055	m 990, Part IV, line 22.		SCHOLARSHIP Schedule I (Form 990) 2022 Page 2				
or government (1) ARTSPEAK MEDIA 2 Enter total number of see 3 Enter total number of otl or Paperwork Reduction Act No Chedule I (Form 990) 2022 Part III Grants and Othe Part III can be du (a) Type of grant or ass (1) FISCAL AGENT SPONSOR (1) (2) (3) (4) (5)	r Assistance to Dorplicated if additional sistance	Pag mestic Individuals. Cospace is needed. (b) Number of recipients	pe 2 complete if the organization (c) Amount of cash grant 55,051	Cat. No. 50059	m 990, Part IV, line 22.	(book, (f) Descripti	SCHOLARSHIP Schedule I (Form 990) 2022 Page 2				
or government (1) ARTSPEAK MEDIA 2 Enter total number of se Enter total number of otl or Paperwork Reduction Act No Chedule I (Form 990) 2022 Part III Grants and Othe Part III can be du (a) Type of grant or ass (1) FISCAL AGENT SPONSOR 1) 2) 3) 4) 5)	r Assistance to Dor plicated if additional sistance SHIP tal Information. Explanation	Page mestic Individuals. Cospace is needed. (b) Number of recipients 2 Provide the informat	pe 2 complete if the organization (c) Amount of cash grant 55,051	Cat. No. 50059	m 990, Part IV, line 22. (e) Method of valuation (FMV, appraisal, other	(book, (f) Descripti	SCHOLARSHIP Schedule I (Form 990) 2022 Page 2				

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2

10/27/24, 8:24 AM Milwaukee Film Inc - Full Filing- Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202332999349300328 - Submission: 2023-10-26 TIN: 26-3049630 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. Department of the Treasury ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. Internal Revenue Service Name of the organization MILWAUKEE FILM INC Employer identification number 26-3049630 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. $\hfill \Box$ Housing allowance or residence for personal use First-class or charter travel Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) Discretionary spending account 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 .

Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all

directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? .

2

Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Written employment contract Compensation committee Independent compensation consultant Compensation survey or study **✓** Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a Receive a severance payment or change-of-control payment? . . . No 4b No Participate in, or receive payment from, an equity-based compensation arrangement? . . . 4c No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? No 5a Any related organization? 5b Nο If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a No 6b Nο If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Nο Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 No

Page 2 -

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

Schedule J (Form 990) 2022 Page 2 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Cat. No. 50053T

For each individual whose compensation must be reported on 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 compensation (IV) is for each listed individual must be used that appears of Form 990, Part VII. Section A line 1a, applicable column (D) and (E) amounts for

Note. The sum of columns (B)(i)-(iii) for each listed individual must	t equal the tot	al amount of Form	990, Part VII, Sec	ction A, line 1a, ap	plicable column (E	and (E) amoun	ts for that indi	vidual.
(A) Name and Title		(B) Breakdown	of W-2, 1099-MIS and/or 1099-NEC		and other	(D) Nontaxable benefits	columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 JONATHAN JACKSON CHIEF EXECUTIVE OFFICER	(i)	222,000	0	0	0	7,118	229,118	0
	(ii)	0	0	0	0	0	0	0
								i

0/27/24, 8:24 AM	7/24, 8:24 AM Milwaukee Film Inc - Full Filing- Nonprofit Explorer - ProPublica											
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	1 1				Schedule J (Form 990) 2022							
		Page 3 -										
Cohedula 1 (Farras 000) 2022												
Schedule J (Form 990) 2022 Part III Supplemental Information					Page 3							
Provide the information, explanation, or descriptions required	d 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.							
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•					Schedule J (Form 990) 2022							
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TIN: 26-3049630

Schedule L

(Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Department of the Treasi Internal Revenue Service		►Go to <u>www.</u>		ch to Form 9 <u>rm990</u> for in			st infor	matior	۱.	(Open Insp	to Pu	
Name of the org								Emplo	oyer id	entifica	ntion n	umbe	r
									49630				
	ss Benefit Tr lete if the organ).		
) Name of disqu			Relationship		ualified pers		(c)		tion of) Corre	ected?
	mount of tax inc	•	_	_			the ye	ar unde	r sectio	on \$ \$			
Cor	ans to and/onplete if the orgonted an amoun	anization answ	ered "Yes" o	n Form 990-E	Z, Part V, line	e 38a, or For	m 990,	Part IV,	line 26	; or if t	he orga	anizatio	on
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		n to or from anization?	(e) Original principal amount	(f) Baland due		g) In fault?	App by bo	h) roved oard or nittee?		i) Writi Jreeme	
			То	From			Ye	s No	Yes	No	Yes	N	lo
								-					
Total .			<u>.</u>		▶ \$					I			
(a) Name of inter		(b) Relationsh interested pers organiza	ip between son and the	7	t of assistanc		Type of a	assistan	ice	(e) Pu	rpose o	of assis	tance
For Paperwork Rec	luction Act Notice	e, see the Instr	uctions for Fo		9-EZ. ge 2	Cat. No. 500	56A			Schedu	ile L (F	orm 99	00) 2022
Schedule L (Form	990) 2022												Page 2
	iness Transa					V line 28a	28h	or 28c					
	e of interested p		(b) Rela between person	ationship interested and the ization	(c) Amo	ount of				transact		organi: reve	haring of zation's nues?
(1) JONJA HOLDII	NGS		OWNERS AR			155,360	OFFICE	LEASE	AGREE	MENT		Yes	No No
(2) STAMM BUSIN	IESS TECHNOLO	GIES	BOARD MEM OWNER IS A			5,251	AV & TE		OGY E	QUIPMEI	NT		No
(3) DEPERE LIQU	OR		PRESIDENT	IS A BOARD		420	PURCH/ CONCE:		INVEN	TORY			No
(4) IHEART RADIO)		MEMBER VP SALES IS MEMBER	A BOARD		4,995	ADVER	ISING	PARTNE	ĒR			No
			MEMBER										
Part V Sup	plemental I	nformation											
	ide additional in	formation for r	responses to	questions on	Schedule L (s	see instruction							

Schedule L (Form 990) 2022

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TIN: 26-3049630

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

2022

Department of the Treasury Internal Revenue Service

► Go to <u>www.irs.gov/Form990</u> for the latest information.

Open to Public Inspection

	e of the organization AUKEE FILM INC				Emplo	yer identificat	ion nu	ımber	
MITEAN	AUREE FILM INC				26-304	19630			
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	n	(d) Method of de oncash contrib	etermir	_	s
1	Art—Works of art			<u>+9</u>					
	Art—Historical treasures .								
3	Art—Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded .	X	1	51,03	7 FMV				
10 11	Securities—Closely held stock . Securities—Partnership, LLC,				+				
12	or trust interests Securities—Miscellaneous								
13	Qualified conservation contribution—Historic structures								
14	Qualified conservation contribution—Other								
15	Real estate—Residential .								
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ▶ ()								
26	Other ▶ ()								
27	Other ▶ ()								
28	Other ► ()								
29	Number of Forms 8283 received by t				29				
	for which the organization completed	1 FUIIII 020.	s, Part IV, Donee Acknowledg	gement	29				
30a	During the year, did the organization hold for at least three years from the							Yes	No
	purposes for the entire holding period								
b	If "Yes," describe the arrangement i	n Part II.					30a		No
31	Does the organization have a gift ac	ceptance p	olicy that requires the reviev	v of any nonstandard contr	ibutions	;?	31		No
32a	Does the organization hire or use the contributions?	ird parties	or related organizations to so	olicit, process, or sell nonce	sh • •		32a		No
b	If "Yes," describe in Part II.								
33	If the organization didn't report an a describe in Part II.	amount in c	column (c) for a type of prop	erty for which column (a) is	s checke	ed,			
ror P	aperwork Reduction Act Notice, see the	: INSTRUCTION	IS 101 FORM 990.	Cat. No. 51227J		Schedule M	(rorm	990) (2022

Page 2

Page 2

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2022)

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ObjectId: 202332999349300328 - Submission: 2023-10-26

TIN: 26-3049630

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Employer identification number

Department of the Treasury

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.

Internal Revenue Service

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

26-3049630

Name of the organization MILWAUKEE FILM INC

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	MARIANNE AND JOAN LUBAR ARE MOTHER AND DAUGHTER.
FORM 990, PART VI, SECTION B, LINE 11B	THE 990 IS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO SUBMISSION; HOWEVER THE BOARD REVIEWS THE ORGANIZATIONS FINANCIALS ON A REGULAR BASIS.
FORM 990, PART VI, SECTION B, LINE 12C	YEARLY REVIEW BY BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 15A	YEARLY REVIEW BY BOARD MEMBERS.
FORM 990, PART VI, SECTION C, LINE 19	ORGANIZATION WILL MAKE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIALS STATEMENTS AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9:	RECOGNITION OF PRIOR YEAR DEFERRED IN-KIND 45,000.
FORM 990, PART XII, LINE 2C:	NO CHANGE FROM PRIOR YEAR. Cat. No. 51056K Schodulo 0 (Form 990) 2022

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.

2022

OMB No. 1545-0047

Department of th			▶ 0	Go to <u>www.ii</u>	rs.gov/Fo	<u>rm990</u> for in	nstructions and	the late	est informa	tion.			C	pen to Inspe		C
	organization										Employer id	lentificatio	n numbe			
VILWAUREE F	ILM INC									2	26-3049630					
Part I	Identification	n of Disregarded E	ntities. Co	mplete if th	e organiz	ation answe	ered "Yes" on F	orm 99	0, Part IV, I	ine 33.						
N	lame, address, and EI	(a) N (if applicable) of disregar	ded entity		Prir	(b) mary activity	(c) Legal domicil or foreign co	le (state ountry)	(d) Total incor	ne End	(e) d-of-year asset	cs	Direct co ent	ntrolling		
(1) IFM FARN 1037 WEST N MILWAUKEE,	1CKINLEY AVENUE				CINEMAS	ONE OR MORE S IN THE KEE AREA	WI					MILWAUK	EE FILM IN	IC .		_
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Part II	related tax-exer	of Related Tax-Exc mpt organizations du (a)	iring the ta			e if the orga	nnization answe		(d)		(e)		e it had	one or r		g)
	Name, address, ar	nd EIN of related organizati	on			activity	Legal domicile (sta or foreign country		empt Code sect		blic charity sta section 501(c)((3))	irect contr entity	olling	Section (13) co	512(b
or Paperw	vork Reduction A	ct Notice, see the Ins	structions f	or Form 990 Page 2			Cat. No. 5	50135Y			-	Sch	edule R	(Form 9	90) 2	022
chedule R	(Form 990) 2022														Pag	e 2
Part III		of Related Organiz						nizatior	n answered	"Yes" or	Form 990	, Part IV, li	ne 34, I	oecause	it had	l
	Name, add	ated organizations tr (a) Iress, and EIN of organization	reated as a	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income(related, unrelated,	(f) Share o total income	end-of- year	Dispro	(h) oprtionate cations?	(i) Code V-UBI amount in box 20 of	Gene man	ij) eral or aging tner?	Perce	k) entage ership
					foreign country)		excluded from tax under sections 512-514)		assets	Yes	No	Schedule K-1 (Form 1065)	Yes	No		
Part IV		of Related Organiz								answere	d "Yes" on	Form 990,	Part IV	, line 34	_	_
I	(a) Name, address, and E related organizatio	IN of	(b Primary)	Le dom (state o	c) gal nicile r foreign	(d) Direct controlling	g Type (C c	of entity Sha	(f) re of total ncome	(g) Share of end of-year assets	d- Percei owne	ntage	contr	(i) n 512(b) olled ent	ity?
			1		cour	ntry)		or t	trust)			1		Yes		No

				ll Filing- N							
								Sch	edule R ((Form 9	90) 2022
	Page :	3 —									
hedule R (Form 990) 2022											Page 3
Part V Transactions With Related Orga	nizations Complete	if the organization	n answered	"Yes" on Fo	rm 990 P	Part IV line 34	35h or	36			. age 2
Note. Complete line 1 if any entity is listed in			on unowered	105 01110	,,,,,,	are IV, mile 5	, 336, 61			1	Yes No
During the tax year, did the organization engage			e or more rela	ted organizat	tions listed	in Parts II-IV?					100 110
a Receipt of (i) interest, (ii) annuities, (iii) roya										1a	
b Gift, grant, or capital contribution to related o										1b	
c Gift, grant, or capital contribution from related										1c	
d Loans or loan guarantees to or for related org-	anization(s)									1d	
e Loans or loan guarantees by related organizat	ion(s)									1e	
${f f}$ Dividends from related organization(s)										1f	
g Sale of assets to related organization(s)										1g	
h Purchase of assets from related organization(s										1h	
i Exchange of assets with related organization(s										1i	
j Lease of facilities, equipment, or other assets	o related organization(s))				• • • •				1j	
										41	
k Lease of facilities, equipment, or other assets								•		1k	
Performance of services or membership or fund										11	
m Performance of services or membership or fun								•		1m 1n	
n Sharing of facilities, equipment, mailing lists, oo Sharing of paid employees with related organi										10	
Sharing of paid employees with related organi	2411011(5)										
n Reimbursement paid to related organization(s) for expenses								_	1p	
p Reimbursement paid to related organization(sa Reimbursement paid by related organization(s										1p 1q	
 p Reimbursement paid to related organization(s q Reimbursement paid by related organization(s 											
) for expenses			 							
q Reimbursement paid by related organization(s) for expenses			 						1q	
 q Reimbursement paid by related organization(s) r Other transfer of cash or property to related o s Other transfer of cash or property from related 	for expenses									1q 1r	
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