efile Public Visual Render ObjectId: 202211969349302316 - Submission: 2022-07-15 TIN: 26-3049630 OMB No. 1545-0047

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.

Open to Public

| | Inspection | | | | | | | | | | | | |
|--------------------------------|------------|--------------------------|---|-----------------|---------|-------------------------|-------------|--------------------------|--|--|--|--|--|
| A Fo | r th | e 2021 c | alendar year, or tax year beginning 01-01-2021 $$, and ending 12-31- | -2021 | | | | | | | | | |
| | | applicable: | C Name of organization MILWAUKEE FILM INC | | | D Employe | r identif | ication number | | | | | |
| O Na | | change nange | | | | 26-3049 | 630 | | | | | | |
| O Init | | - | Doing business as | | | | | | | | | | |
| _ | | n/terminated d return | Number and street (or P.O. box if mail is not delivered to street address) Room/suite | | | E Telephone | e number | | | | | | |
| | | a return ion pending | 1037 WEST MCKINLEY AVENUE 200 | 2 | | (414) 75 | 55-1965 | 1965 | | | | | |
| | | | City or town, state or province, country, and ZIP or foreign postal code | | | . , | | | | | | | |
| | | | MILWAUKEE, WI 53205 | | | G Gross red | eipts \$ 6, | 740,447 | | | | | |
| | | | F Name and address of principal officer: NICHOLAS WERNER | H(a) | Is this | a group ret | urn for | | | | | | |
| | | | 1037 WEST MCKINLEY AVENUE 200 | | | linates? subordinate | 20 | ☐Yes ☑No | | | | | |
| T Tax | ovor | npt status: | | | include | | 25 | ☐ Yes ☐No | | | | | |
| | | | ✓ 501(c)(3) | | , | | | nstructions. | | | | | |
| J W | ebsit | te:▶ WW | W.MKEFILM.ORG | 11(0) | Group | exemption | number | • | | | | | |
| K Forn | n of o | rganization: | ✓ Corporation ☐ Trust ☐ Association ☐ Other ► | L Year o | f forma | tion: 2008 | M State | of legal domicile: WI | | | | | |
| _ | | | <u> </u> | | | | | | | | | | |
| Pa | rt I | Sum Briefly des | mary cribe the organization's mission or most significant activities: | | | | | | | | | | |
| е | | | TAIN, EDUCATE AND ENGAGE OUR COMMUNITY THROUGH CINEMATIC EXPE | RIENCI | ES. | | | | | | | | |
| anc | | | | | | | | | | | | | |
| Шe | | | | | | | | | | | | | |
| Governance | _ | | s box • O | | | | ا ۔ | l 20 | | | | | |
| | | | of voting members of the governing body (Part VI, line 1a) | | | | 3 | 39 | | | | | |
| Activities & | | | of independent voting members of the governing body (Part VI, line 1b) . In the role individuals employed in calendar year 2021 (Part V, line 2a) | | | | 5 | 76 | | | | | |
| ME | | | ber of volunteers (estimate if necessary) | | | _ | 6 | 39 | | | | | |
| Act | | | elated business revenue from Part VIII, column (C), line 12 | | | • | 7a | 0 | | | | | |
| | | | ated business taxable income from Form 990-T, Part I, line 11 | | | | 7b | 0 | | | | | |
| | | | | | | r Year | | Current Year | | | | | |
| 9 | 8 | Contribut | ions and grants (Part VIII, line 1h) | | | 2,524,3 | 98 | 3,288,271 | | | | | |
| Revenue | 9 | Program | service revenue (Part VIII, line 2g) | | | 1,014,0 | 01 | 1,083,529 | | | | | |
| Rev | 10 | Investme | nt income (Part VIII, column (A), lines 3, 4, and 7d) | | | 6,9 | 66 | -3,451 | | | | | |
| | | | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | -57,6 | | 1,082,766 | | | | | |
| | | | enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | 3,487,7 | 47 | 5,451,115 | | | | | |
| | | | d similar amounts paid (Part IX, column (A), lines 1-3) | | | 57,0 | 44 | 144,699 | | | | | |
| | | | paid to or for members (Part IX, column (A), line 4) | | | | 0 | 0 | | | | | |
| 98 | | | other compensation, employee benefits (Part IX, column (A), lines 5–10) | 2,025,2 | | 1,644,875 | | | | | | | |
| ens | | | nal fundraising fees (Part IX, column (A), line 11e) | | | | 0 | 0 | | | | | |
| Expenses | | | aising expenses (Part IX, column (D), line 25) 380,258 | - | | 1 476 2 | 7.0 | 2 200 052 | | | | | |
| Delete C | | - | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | | | 1,476,2 | _ | 2,309,853 | | | | | |
| | | • | enses. Add lines 13–17 (must equal Part IX, column (A), line 25) | - | | 3,558,6 | _ | 4,099,427 | | | | | |
| × S | 19 | Revenue | less expenses. Subtract line 18 from line 12 | Regi | nning | -70,8 of Current Ye | | 1,351,688 End of Year | | | | | |
| Net Assets or Fund Balances | | | | Degi | | carrent re | | | | | | | |
| Bala | 20 | Total asse | ets (Part X, line 16) | | | 9,518,9 | 63 | 11,142,698 | | | | | |
| et A | 21 | Total liabi | lities (Part X, line 26) | | | 461,1 | 29 | 758,963 | | | | | |
| ΖĴ | 22 | Net asset | s or fund balances. Subtract line 21 from line 20 | | | 9,057,8 | 34 | 10,383,735 | | | | | |

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

| | | | | | | | 2022-07-15 | | | | |
|---------------|-----------|--|-----------------------------------|------------------|---|------------------|---------------------------------|----------------|------------|--------------|-----------------|
| Sign | Sig | nature of officer | | | | | Date | | | | |
| lere | NIC | CHOLAS WERNER (| CFO | | | | | | | | |
| | | e or print name an | | | | | | | | | |
|) a ! a! | • | Print/Type prepa | arer's name | Preparer's | signature | Date 2022-07-15 | Check if | PTIN P00976 | 753 | | |
| Paid Prepa | rer | Firm's name | REILLY PENNER & F | BENTON LLP | | | self-employed Firm's EIN > 3 | 39-074740 | 19 | | |
| Jse O | | Firm's address | ► 1233 NORTH MAYF | AIR ROAD SUITE | 302 | | Phone no. (414 | 1) 271-780 | 00 | | |
| | | | MILWAUKEE, WI 5 | 32263255 | | | | | | | |
| lay the | IRS discu | uss this return w | ith the preparer s | shown above? (| see instructions) | | | | Yes | □ No | |
| or Pape | erwork | Reduction Act | Notice, see the | separate insti | uctions. | Cat. N | No. 11282Y | | Fo | rm 99 | 0 (2021 |
| | | | | | | | | | | | |
| | | | | | — Page 2 ——— | | | | | | |
| orm 990 | 0 (2021) | | | | | | | | | | Page 2 |
| Part III | Sta | atement of P | rogram Servic | e Accomplis | hments | | | | | | |
| a Bri | | | contains a respozation's mission: | nse or note to | any line in this Part III . | | | | | | |
| - | , | | | MUNITY THROU | GH CINEMATIC EXPERIE | ENCES. | | | | | |
| E | | | | , | | | | | | | |
| | | | | | | | | | | | |
| | _ | | , - | nt program ser | vices during the year wh | ich were not lis | sted on | | O | | 1 |
| | • | orm 990 or 990- | ·EZ? w services on Sch | edule O | | | | | □ Y | es 🔽 | No |
| | | | | | changes in how it condu | cts, any progra | m | | | | |
| se | rvices? | | | | | | | | | Yes | ✓ No |
| If | "Yes," de | escribe these cha | anges on Schedule | e O. | | | | | | | |
| Se | ection 50 | 1(c)(3) and 501 | | ns are required | its for each of its three I to report the amount of | | | | | | |
| | ode: | |) (Expenses \$ | 624,290 | | |) (Revenue \$ | | 814,1 | | |
| | | FILM FESTIVAL - S GLOBAL FESTIVAL (| | RD-WINNING DOC | UMENTARIES, FEATURE LEN | IGTH, AND SHORT | T FILMS THAT WE | ERE HAND | -PICKE | AS THE | E BEST |
| | | | | | | | | | | | |
| • | ode: | |) (Expenses \$ | 474,007 | including grants of \$ OUTH AND GENERAL AUDIEN | • | (Revenue \$ | IDEAC DD | ECENTE | 50) | ∩DEENI |
| TH | ROUGH F | ORMAL AND INFOR | | PROVIDE PROFES | SIONAL DEVELOPMENT AND | | | | | | |
| 4c (Co | ode: | |) (Expenses \$ | 1,568,472 | including grants of \$ | |) (Revenue \$ | | 1,202,1 | 186) | |
| CII | NEMA - OF | | | | INCLUDING ON-SCREEN PR | OGRAMMING, CO | | NUE RENT | ALS ANI | SPECI/ | AL |
| EV | ENTS. | | | | | | | | | | |
| (Co | ode: | |) (Expenses \$ | 192,445 | including grants of \$ | |) (Revenue \$ | | 149,8 | 367) | |
| | | | | | | | | | | | |
| 4d Ot | ther prog | gram services (D | escribe in Schedu | le O.) | | | | | | | |
| • | xpenses | <u> </u> | 192,445 inclu | | · |) (Revenue s | \$ | 149,8 | 367) | | |
| 4e To | otal prog | gram service e | xpenses 🕨 | 2,859,2 | 14 | | | | | | A (2021) |
| | | | | | | | | | Г | 01111 99 | (2021) |
| | | | | | — Page 3 ——— | | | | | | |
| | 0 (2021) | | | | | | | | | | _ |
| Part IV | 0 (2021) | | quired Schedu | lec | | | | | | | Page 3 |
| raitiv | CIII | ecklist of Ket | quirea Scrieda | 163 | | | | | | Yes | No |
| 1 Is | the orga | nization describ | | | a)(1) (other than a priva | ate foundation)? | ? If "Yes," com | plete | | Yes | |
| | chedule A | | | | | | ŭ₽. | ŀ | 2 | Voc | |
| | _ | · · | | | <i>lule of Contributors</i> ? See mpaign activities on beh | | | lidates | | Yes | No |
| | | | | | · · · · · | | • • | iiuule3 | 3 | | 140 |
| 4 60 | sation Ed | 01/-1/21 | ilentions Did tha | · organization o | nanan in lahbuina nativii | tion or house o | acation EO1/h) | | | _ | |

| - | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 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," complete Schedule D,</i> Part III 2 | 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 |
| | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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 | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | No |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏 | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | No |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 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? <i>If "Yes," complete Schedule G, Part I.</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

Form 990 (2021)

Part IV Checklist of Required Schedules (continued)

Page **4**

| 22 | 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 |

| | Yes | No |
|----|-----|----|
| 22 | | No |
| 23 | Yes | |

| 0, = . , = | - 1, 0.20 / III. III. g / 10.1p.o.ii. 2/p.o.o. / 10.1 us.ii. | | | |
|------------|--|-----|---------------|-----------------|
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | | No |
| 26 | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to 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? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III | 27 | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | Yes | |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | No |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Yes | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | No |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |
| Pa | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | • | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 123 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes | |
| | | F | orm 99 | 0 (2021) |
| | | | | |
| | Page 5 | | | |
| | 990 (2021) | | | Page 5 |
| | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Yes | |

| | Note: Il die 30m of lines 10 and 20 is greater than 250, you may be required to e line. See instructions. | Ī | |
|-----|--|-----|---------------------|
| 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)? If "Yes," enter the name of the foreign country: | 4a | No |
| | 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 | |
| 6a | 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 | |
| С | 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. | 0- | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | 9b | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| | Gross income from members or shareholders | | |
| | 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. 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| С | Enter the amount of reserves on hand | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | 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, any disqualified person, or mine operator 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 | |
| | | For | m 990 (2021) |

Part VI

Form 990 (2021) Page **6 Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 | | | <u> </u> |
|-----------------|--|--------|------|----------|
| 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 1a 39 | | . 05 | |
| | 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 32 | | | |
| 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 Revenu | e Code | e.) | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | No |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | 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? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | | No |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | | |
| _ | | 16b | | |
| <u>Se</u> 17 | List the states with which a copy of this Form 990 is required to be filed. | | | |
| 1/ | 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 policy, and financial statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records: JASON KOEHLER 1037 WEST MCKINLEY AVENUE 200 MILWAUKEE, WI 53205 (414) 755-1965 | | | |

Form 990 (2021)

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

and Independent Contractors

Charle if Cohadula O contains a presence or note to any line in this Part VIII

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, 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.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related | Positio tha pers | n (do an on on is | (C) not e bot botl |) t che ox, u n an | | ore er | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W-2/1099- | (F) Estimated amount of other compensation from the |
|---|--|-----------------------------------|-------------------------|-----------------------------|-----------------------------|---------------------------------|-----------|---|---|---|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | 2/1099- MISC/1099- NEC) | (W-2/1099- MISC/1099- NEC) | organization and related organizations |
| (1) JOHN RIDLEY | 1.00 | x | | | | | | 0 | 0 | 0 |
| BOARD MEMBER | | ^ | | | | | | U | O | U |
| (2) MARIANNE LUBAR EXECUTIVE COMMITTEE MEMBER | 1.00 | х | | Х | | | | 0 | 0 | 0 |
| (3) TRACEY KLEIN SECRETARY AND GOVERNANCE V | 1.00 | Х | | х | | | | 0 | 0 | 0 |
| (4) ALEC FRASER EXECUTIVE COMMITTEE MEMBER | 1.00 | Х | | Х | | | | 0 | 0 | 0 |
| (5) DONNA BAUMGARTNER BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (6) MICHAEL KOSS BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (7) HECTOR COLON BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (8) KAREN ELLENBECKER BOARD MEMBER | 1.00 | х | | | | | | 0 | 0 | 0 |
| (9) CHRIS ABELE BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (10) JEFF FITZSIMMONS BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (11) CARMEN HABERMAN BOARD MEMBER | 1.00 | Х | | | | | | 0 | 0 | 0 |
| (12) EMILIA LAYDEN EDUCATION VICE CHAIR | 1.00 | Х | | | | | | 0 | 0 | 0 |

Part VII

| (13) BETSY BRENNER BOARD MEMBER | 1.00 | Х | | | 0 | 0 | 0 |
|-----------------------------------|------|---|--|--|---|---|---|
| (14) JULIA TAYLOR BOARD MEMBER | 1.00 | х | | | 0 | 0 | 0 |
| (15) STEVE LAUGHLIN BOARD MEMBER | 1.00 | х | | | 0 | 0 | 0 |
| (16) KATHRYN BURKE BOARD MEMBER | 1.00 | х | | | 0 | 0 | 0 |
| (17) ALEXANDER LASRY BOARD MEMBER | 1.00 | Х | | | 0 | 0 | 0 |

Form **990** (2021)

– Page 8 **–**

Form 990 (2021) Page 8 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 | pers and | an on on is | e bo both ecto | t che ox, u h an or/tr | nless office ustee) | er) | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W-2/1099- | (F) Estimated amount of other compensation from the organization and |
|------------------------------|--|-----------------------------------|-----------------------|----------------------|---------------------------------|---------------------------------|---------|---|---|--|
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | 2/1099- MISC/1099- NEC) | MISC/1099- NEC) | related organizations |
| (18) MICHAEL LOVELL | 1.00 | | | | | | | | | _ |
| BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| (19) JOSEPH ROCK | 1.00 | ,, | | ,, | | | | _ | _ | _ |
| TREASURER & FINANCE VICE C | | × | | Х | | | | 0 | 0 | 0 |
| (20) KEN KREI | 1.00 | | | | | | | | | |
| PRESIDENT | | X | | Х | | | | 0 | 0 | 0 |
| (21) JOHN BANIA | 1.00 | | | | | | | | | |
| EXECUTIVE COMMITTEE MEMBER | | × | | Х | | | | 0 | 0 | 0 |
| (22) PATTI KEATING KAHN | 1.00 | | | | | | | | _ | _ |
| IMMEDIATE PAST BOARD CHAIR | | X | | Х | | | | 0 | 0 | 0 |
| (23) LACEY SADOFF | 1.00 | | | | | | | | _ | _ |
| BOARD MEMBER | | × | | | | | | 0 | 0 | 0 |
| (24) JOHN UTZ | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| (25) MARK MONE | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| (26) JOAN LUBAR | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| (27) SUSAN HAISE | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| (28) KATIE HEIL | 1.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | C |
| (29) STEVE MECH | 1.00 | ., | | | | | | 0 | 0 | |
| BOARD MEMBER | | X | | | | | | 0 | 0 | C |
| (30) KRISTINA BELL | 1.00 | ., | | | | | | _ | - | _ |
| BOARD MEMBER | | X | | | | | | 0 | 0 | C |
| (31) DAVE STAMM | 1.00 | ,. | | | | | | _ | _ | _ |
| BOARD MEMBER | | X | | | | | | 0 | 0 | 0 |
| (32) JASMINE JOHNSON | 1.00 | | | | | | | | | |

| Similar ArfioliHtsdr | raising events . | | 1c | | | | |
|--|--|-----------|--------------------|---------------|---------|---------|--------|
| d Relate | ed organizations | | 1d | | | | |
| l . | nment grants (contr | ibutions) | 1e | | | | |
| f All oth | er contributions, gif milar amounts not i | | s, 1f | | | | |
| | ,194,684 | | | | | | |
| g Noncas lines 1 | sh contributions inc a - 1f:\$ | luded in | 1 g | | | | |
| h Total | Add lines 1a-1f | | | 3,288,271 | | | |
| <u>' </u> | | | | Business Code | | | |
| | EMBERSHIP FEES | | | 900099 | 394,489 | 394,489 | |
| , SF | ONSORSHIP REVEN | NUE | | 900099 | 310,000 | 310,000 | |
| Service Revenue | CKET SALES - CINE | MA | | 900099 | 253,845 | 253,845 | |
| | CKET SALES - FEST | TVAL | | 900099 | 116,031 | 116,031 | |
| Program | RVICE FEE - CINEM | 1A | | 900099 | 9,164 | 9,164 | |
| | l other program | convice | revenue | | | | |
| | otal. Add lines 2 | | | 1 002 520 | | | |
| | | | ng dividends, inte | 1,083,529 | | | |
| sim | ilar amounts) . | | | | 6,086 | | 6,086 |
| | | ment of | tax-exempt bond | l proceeds | | | |
| 5 Roy | alties | | | · · • | | | |
| | | , | (i) Real | (ii) Personal | | | |
| 6a Gi | ross rents | 6a | 750 | | | | |
| - | ess: rental openses | 6b | 0 | | | | |
| | ental income (loss) | 6c | 750 | | | | |
| | let rental income | or (los | | | 750 | 750 | |
| | | | (i) Securities | (ii) Other | | | |
| fro as | ross amount om sales of sets other an inventory | 7a | 1,240,615 | | | | |
| b Le | ss: cost or her basis and les expenses | 7b | 1,250,152 | | | | |
| c Ga | nin or (loss) | 7c | -9,537 | | | | |
| | let gain or (loss) | | | ▶ | -9,537 | | -9,537 |
| Gr <u>وہ</u> n) | oss income from fu ot including \$ | ndraising | events of | | | | |
| co | ntributions reported | | 1c). | | | | |
| ě Se | e Part IV, line 18 | | 8a | | | | |
| t bLe | ess: direct expen | | | | | | |
| Other | et income or (los | s) from | fundraising event | S b | | | |
| Gi سرا | oss income from | | | | | | |
| | ee Part IV, line 19 | | | | | | |
| | ess: direct expen | | | | | | |
| c Ne | et income or (los | s) from | gaming activities | • | | | |

| 21/24, 0.207 W | Milwadkee | Tilli IIIO Tulli Tilling | 14011prolit Explorer | i ioi abiloa | |
|--|---------------|--------------------------|----------------------|--------------|--------|
| 10aGross sales of inventory, less returns and allowances 10a | 107,190 | | | | |
| b Less: cost of goods sold 10b | 39,180 | | | | |
| c Net income or (loss) from sales of inventor | ory ► | 68,010 | 68,010 | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a _{HISTORIC} TAX CREDIT | 900099 | 864,139 | 864,139 | | |
| b OTHER INCOME | 900099 | 139,607 | 139,607 | | |
| C ADMINISTRATIVE FEE | 900099 | 10,260 | 10,260 | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | • | 1,014,006 | | | |
| 12 Total revenue. See instructions | | 5,451,115 | 2,166,295 | 0 | -3,451 |

Form **990** (2021)

----- Page 10 ----

| Part IX Statement of Functional Expenses | | | | |
|--|------------------------|------------------------------|---|---------------------------------------|
| Section 501(c)(3) and 501(c)(4) organizations must co | omplete all columns. | All other organizatio | ns must complete colu | ımn (A). |
| Check if Schedule O contains a response or note to an | y line in this Part IX | <u></u> | | \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 | 139,699 | 139,699 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 5,000 | 5,000 | | |
| 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 | 347,668 | 104,300 | 199,917 | 43,451 |
| 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 | 993,934 | 729,718 | 118,033 | 146,183 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 11,335 | | 11,335 | |
| 9 Other employee benefits | 187,149 | 124,571 | 31,408 | 31,170 |
| 10 Payroll taxes | 104,789 | 73,550 | 15,047 | 16,192 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 16,160 | | 16,160 | |
| 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) | 315,598 | 38,676 | 149,895 | 127,027 |
| 12 Advertising and promotion | 190,584 | 171,262 | 16,688 | 2,634 |
| 13 Office expenses | 73,187 | 57,529 | 11,409 | 4,249 |
| 14 Information technology | 19,602 | 13,722 | 5,880 | |
| 15 Royalties | | | | |
| 16 Occupancy | 579,618 | 399,684 | 179,934 | |
| 17 Travel | 120,365 | 119,318 | 1,047 | |
| 18 Payments of travel or entertainment expenses for any federal state or local public officials | | | | |

| | | l I | | | |
|----|---|-----------|-----------|---------|---------|
| 19 | Conferences, conventions, and meetings | 7,373 | 2,150 | 5,223 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 444,405 | 393,864 | 50,541 | |
| 23 | Insurance | 32,373 | 29,136 | 3,237 | |
| 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 | 193,230 | 193,230 | | |
| | b AWARDS | 175,930 | 175,930 | | |
| | c DUES AND SUBSCRIPTIONS | 104,137 | 62,151 | 34,210 | 7,776 |
| | d AUDIO AND VISUAL | 10,209 | 10,209 | | |
| | e All other expenses | 27,082 | 15,515 | 9,991 | 1,576 |
| 25 | Total functional expenses. Add lines 1 through 24e | 4,099,427 | 2,859,214 | 859,955 | 380,258 |
| 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). | | | | |

Form **990** (2021)

Form 990 (2021) Page **11**

| P | art X | Balance Sheet | | | |
|-------------|-------|---|---------------------------------|-------------|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part IX | | | 🗆 |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | 821,642 | 1 | 1,849,867 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | 3,204,870 | 3 | 2,874,107 |
| | 4 | Accounts receivable, net | 301,009 | 4 | 176,132 |
| | 5 | 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 | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$. | | 6 | |
| S | 7 | Notes and loans receivable, net | 982,220 | 7 | 0 |
| ssets | 8 | Inventories for sale or use | 22,197 | 8 | 28,327 |
| Š | 9 | Prepaid expenses and deferred charges | 17,563 | 9 | 49,313 |
| _ | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 6,807,149 | | | |
| | b | Less: accumulated depreciation 10b 1,225,921 | 2,281,377 | 10 c | 5,581,228 |
| | 11 | Investments—publicly traded securities . | 703,112 | 11 | 578,054 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | 1,172,652 | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 12,321 | 15 | 5,670 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 9,518,963 | 16 | 11,142,698 |
| | 17 | Accounts payable and accrued expenses | 98,341 | 17 | 153,230 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 285,704 | 19 | 605,733 |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| S | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to 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 | | 22 | |
| | 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 | | | 0 |
| | 26 | Total liabilities. Add lines 17 through 25 461,129 | 26 | | | 758,963 |
| es | | Organizations that follow FASB ASC 958, check here ▶ ✓ and | | | | |
| anc | 27 | complete lines 27, 28, 32, and 33. Net assets without donor restrictions | 27 | | 7 | ,736,352 |
| or Fund Balances | 28 | Net assets with donor restrictions | 28 | | | ,647,383 |
| pu | -" | Organizations that do not follow FASB ASC 958, check here | | | | |
| 3 | | complete lines 29 through 33. | ļ | | | |
| | 29 | Capital stock or trust principal, or current funds | 29 | | | |
| Net Assets | 30 | Paid-in or capital surplus, or land, building or equipment fund | 30 | | | |
| Ass | 31 | Retained earnings, endowment, accumulated income, or other funds | 31 | | | |
| et | 32 | Total net assets or fund balances | 32 | | | ,383,735 |
| z | 33 | Total liabilities and net assets/fund balances | 33 | | | ,142,698 |
| | | | | ŀ | orm 99 | 0 (2021) |
| | | Page 12 ———— | | | | |
| | | | | | | |
| | | (2021) | | | | 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 | ·i | | | |
| 1 | Tota | al revenue (must equal Part VIII, column (A), line 12) | 1 | | 5 | ,451,115 |
| 2 | Tota | al expenses (must equal Part IX, column (A), line 25) | 2 | | 4 | ,099,427 |
| 3 | Rev | enue less expenses. Subtract line 2 from line 1 | 3 | | 1 | ,351,688 |
| 4 | Net | assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 9 | ,057,834 |
| 5 | Net | unrealized gains (losses) on investments | 5 | | | -58 |
| 6 | Don | nated services and use of facilities | 6 | | | |
| 7 | Inve | estment expenses | 7 | | | |
| 8 | Prio | r period adjustments | 8 | | | |
| 9 | | er changes in net assets or fund balances (explain in Schedule O) | 9 | | | -25,729 |
| | | assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | | 10 | ,383,735 |
| Pa | art XII | Financial Statements and Reporting | | | | |
| | | Check if Schedule O contains a response or note to any line in this Part XII | • | | Yes | No. |
| _ | | | | | res | NO |
| 1 | | ounting method used to prepare the Form 990: | | | | |
| | | edule O. | | | | |
| 2 | a Wer | e 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 arate basis, consolidated basis, or both: | on a | | | |
| | | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | If 'Y | re the organization's financial statements audited by an independent accountant? 'es,' check a box below to indicate whether the financial statements for the year were audited on a separate solidated basis, or both: | basis, | 2b | Yes | |
| | | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| c | | res," 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 th | ne organization changed either its oversight process or selection process during the tax year, explain in Sche | dule O | | | |
| 3 | | a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si it Act and OMB Circular A-133? | ngle | 3a | | No |
| h | | res," did the organization undergo the required audit or audits? If the organization did not undergo the requ | ired | Ja | | INO |
| | | it or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 3b | | |

Form **990** (2021)

Additional Data Return to Form

Software ID: Software Version:

Form 990 Special Condition Description:

efile Public Visual Render

ObjectId: 202211969349302316 - Submission: 2022-07-15

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

Open to Public Inspection

| | | ne organization | | | | | Employer identific | ation number |
|-------|----------|--|--|--|---------------------------------------|-------------------------------------|---|---|
| MILWA | NUKEE F | FILM INC | | | | | 26-3049630 | |
| | rt I | Reason for Public | Charity Stat | us (All organization | s must comp | lete this part.) S | See instructions. | |
| _ | rganiz | ration is not a private fou | | • | - | | | |
| 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 | tive hospital ser | vice organization desc | ribed in sectio i | n 170(b)(1)(A)(| iii). | |
| 4 | | A medical research organisme, city, and state: | anization operat | ed in conjunction with | a hospital desc | cribed 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 | operated by a gov | ernmental unit descril | oed in section |
| 6 | | A federal, state, or loca | l government or | governmental unit de | scribed in sect | ion 170(b)(1)(A | l)(v). | |
| 7 | ~ | An organization that no section 170(b)(1)(A) | | | s support from | a governmental u | init or from the genera | al public described in |
| 8 | | A community trust desc | cribed in sectio | n 170(b)(1)(A)(vi). | (Complete Part | II.) | | |
| 9 | | An agricultural research non-land grant college | | | | | | ege or university or a |
| 10 | | An organization that no from activities related t investment income and 30, 1975. See section | to its exempt fur unrelated busin | nctions—subject to cer ness taxable income (le | tain exceptions | , and (2) no more | than 33 1/3% of its su | ipport from gross |
| 11 | | An organization organiz | zed and operated | d exclusively to test fo | r public safety. | See section 509 | (a)(4). | |
| 12 | | An organization organiz more publicly supported on lines 12a through 12 | d organizations | described in section 5 | 09(a)(1) or s | ection 509(a)(2 |). See section 509(a | |
| а | | Type I. A supporting o organization(s) the pow complete Part IV, See | rganization oper ver to regularly a | rated, supervised, or composite or composite or elect a major | ontrolled by its | supported organiz | zation(s), typically by | |
| b | | Type II. A supporting of management of the sup must complete Part I | organization sup oporting organiz | pervised or controlled i ation vested in the sar | | | | |
| c | | 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 distribution | d in connection win requirement and | th its supported orgar | |
| e | | Check this box if the or integrated, or Type III i | ganization recei | ved a written determir | nation from the | | pe I, Type II, Type III | functionally |
| f | Enter | the number of supporte | d organizations | | | | <u> </u> | |
| g | | de the following informat | - | | | | | |
| | (i) N | Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | ` ' | ganization listed ning document? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | | Yes | No | | |
| | | | · - | | | | | |
| Tota | | | | | | | | |
| For F | aperv | work Reduction Act No or 990-EZ. | tice, see the I | l nstructions for | Cat. No. 112 | 85F | Schedule | A (Form 990) 2021 |
| | | | | Pa | ge 2 ——— | | | |
| Sche | dule A | (Form 990) 2021 | | | J - | | | 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.)

Section A. Public Support

Tax revenues levied for the

| 10/27/ | 24, 8:25 AM | Mi | lwaukee Film Inc | - Full Filing- Non | profit Explorer - Pro | Publica | | | |
|----------|--|--|---------------------------------------|--|--|-----------------------------|---------|----------|---------------|
| | organization s benefit and either paid | Ī | I | Ī | I | | Ī | | |
| 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 | | | | | | | | |
| h | 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 | | | | | | \top | | |
| 8 | Public support. (Subtract line 7c | | | | | | | | |
| | from line 6.) | | | | | | | | |
| | ection B. Total Support | _ | _ | _ | | | | | |
| | endar year | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) | Total | |
| (or 9 | fiscal year beginning in) Amounts from line 6 | | 1 | | | | + | | |
| 10a | Gross income from interest, | | | | | | + | | |
| | dividends, payments received on | | | | | | | | |
| | securities loans, rents, royalties and | | | | | | | | |
| b | income from similar sources Unrelated business taxable income | | | | | | +- | | |
| U | (less section 511 taxes) from | | | | | | | | |
| | businesses acquired after June 30, | | 1 | | | | | | |
| _ | 1975. Add lines 10a and 10b. | | + | | | + | + | | |
| с 11 | Net income from unrelated business | | 1 | | | + | + | | |
| | activities not included on line 10b, | | 1 | | | | | | |
| | whether or not the business is | 1 | 1 | | | | | | |
| 12 | regularly carried on. Other income. Do not include gain or | | + | | | | $+\!-$ | | |
| 12 | 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 | he organization's | first, second, thi | rd, fourth, or fift | h tax year as a sect | ion 501(c)(3) org | aniza | tion, cl | heck |
| | this box and stop here | | | | | | | | ▶ 🗆 |
| Se | ection C. Computation of Public | | | | | | | | |
| 15 | Public support percentage for 2021 (lin | | | 3, column (f)) | | 15 | | | |
| 16 | Public support percentage from 2020 S | Schedule A, Part 1 | III, line 15 | | | 16 | | | |
| | ection D. Computation of Invest | | | | | 1 1 | | | |
| 17 | Investment income percentage for 20 : | | | v line 13, column | n (f)) | 17 | | | |
| 18 | Investment income percentage from 2 | | | • | | 18 | | | |
| | 33 1/3% support tests-2021. If the | | • | | | _ | 17 | is not | |
| 19a | | | | | | | | | |
| b | more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the | i stop nere. The | organization qua I not check a hox | ilifies as a publici on line 14 or line | y supported organi e 19a. and line 16 i | zation s more than 33 1/ | I | nd line | 18 is |
| D | not more than 33 1/3%, check this box | • | | | • | | | _ | 10 13 |
| 20 | | | | | | | | _ | |
| | Private foundation. If the organization | on did not check | a box on line 14, | 19a, or 19b, che | eck this box and see | | | | 2024 |
| | | | | | | Schedule A (| LOLII | 1 990) | 2021 |
| | | | | | | | | | |
| | | | Page 4 | | | | | | |
| | | | | | | | | | |
| Sche | dule A (Form 990) 2021 | | | | | | | F | Page 4 |
| Par | t IV Supporting Organization | S | | | | | | | 3 |
| | (Complete only if you checked | | of Part I. If you c | hecked box 12a. | of Part I, complete | Sections A and B | . If vo | ou chec | ked |
| | box 12b, of Part I, complete Se | ections A and C. If | f you checked bo | | | | | | |
| | 12d, of Part I, complete Section | · · · · · · · · · · · · · · · · · · · | complete Part V.) | | | | | | |
| | ection A. All Supporting Organiz | ations | | | | | | | |
| | | | | | | г | | Yes | No |
| 1 | Are all of the organization's supported | | | | | | | | |
| | If "No," describe in Part VI how the sidescribe the designation. If historic an | | | | eu by class or purp | use, | | <u> </u> | <u> </u> |
| | <u> </u> | , | ,,,, | | | <u> </u> | 1 | | |
| 2 | Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in F | | | | | | | 1 | |
| | described in section $509(a)(1)$ or (2) ? If "Yes," explain in \mathbf{F} | art vi now the t | луаниzацин иеге | rmmeu triat trie s | ырры сей огуапіzat | ion was | | <u> </u> | <u> </u> |
| _ | | | | | | | 2 | <u> </u> | <u> </u> |
| 3a | Did the organization have a supported | organization des | cribed in section | 501(c)(4), (5), c | or (6)? <i>If "Yes," ans</i> | wer lines 3b and | | <u> </u> | |
| | 3c below. | | | | | | 3a | | |
| b | Did the organization confirm that each | | | | | | | | |
| | the public support tests under section determination. | 509(a)(2)? <i>If "Ye</i> | es," describe in P | art VI when and | now the organizati | on made the | | <u> </u> | <u> </u> |
| | | | | | | <u> </u> | 3b | <u> </u> | <u> </u> |
| C | Did the organization ensure that all su | pport to such ora | anizations was u | sed exclusively for | or section $170(c)(2)$ | (B) nurnoses? | | 1 ' | I |

| | II res, explain in Part VI what controls the organization put in place 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 | 4b | | |
| С | supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections | 40 | | |
| | 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). | | | |
| 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 . | 9a | | |
| 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. | 9b | | |
| С | 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 the organization had excess business holdings). | | | |
| | Schedule A | 10b (Form | 990) | 2021 |
| | | | | |
| | Page 5 | | | |
| | dule A (Form 990) 2021 | | 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? | | res | NO |
| a | 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 | | |
| | 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 | ection B. Type I Supporting Organizations | | Yes | No |
| 1 | Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly | | res | 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 energia for the honefit of any supported examination other than the supported examination of the first form of the fi | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting | 2 | | |
| | organization. | | | |
| Se | ection C. Type II Supporting Organizations | | | |
| | Ware a majority of the arganization/o directors on twenters during the toy was a second of the directors. | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of | | | |

| 0/27/24, | <u> </u> | • | • | | | |
|-----------------|--|------------------|--------------------------------------|------------------------|-------------------|---------------|
| | cn or tne organization's supported organization(s) <i>! Ir "No," describe in Part VI now</i> oporting organization was vested in the same persons that controlled or managed th | | | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | | | |
| | | | | | Yes | No |
| | I the organization provide to each of its supported organizations, by the last day of t α year, (i) a written notice describing the type and amount of support provided during | | | | | |
| | rm 990 that was most recently filed as of the date of notification, and (iii) copies of t cuments in effect on the date of notification, to the extent not previously provided? | the or | ganization's governing | | | |
| | | | | 1 | | |
| or | ere any of the organization's officers, directors, or trustees either (i) appointed or ele ganization(s) or (ii) serving on the governing body of a supported organization? <i>If "</i> N | lo," e. | xplain in Part VI how the | | | |
| org | ganization maintained a close and continuous working relationship with the supporte | d org | anization(s). | 2 | | |
| | reason of the relationship described in line 2 above, did the organization's supported | | | | | |
| | ice in the organization's investment policies and in directing the use of the organizati ring the tax year? <i>If "Yes," describe in Part VI the role the organization's supported</i> | | | 3 | | |
| Secti | on E. Type III Functionally-Integrated Supporting Organizations | | | | | |
| | eck the box next to the method that the organization used to satisfy the Integral Par | rt Tes | t during the year (see instructi | ons): | | |
| a (| The organization satisfied the Activities Test. Complete line 2 below. | | | | | |
| b | The organization is the parent of each of its supported organizations. Complete | line : | 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you | ı supp | ported a government entity (see | instru | ctions) | |
| _ | | | , , | | | |
| 2 Ac | tivities Test. Answer lines 2a and 2b below. | | | | Yes | No |
| | substantially all of the organization's activities during the tax year directly further t | | | | | |
| su <i>or</i> | pported organization(s) to which the organization was responsive? If "Yes," then in F ganizations and explain how these activities directly furthered their exempt purpo | eart v Ses, l | how the organization was | | | |
| res | ponsive to those supported organizations, and how the organization determined that bstantially all of its activities. | | | 2a | | - |
| | d the activities described on line 2a, above constitute activities that, but for the orga | nizati | on's involvement, one or more | Za | | |
| of | the organization's supported organization(s) would have been engaged in? If "Yes," | expla | in in Part VI the reasons for | | | |
| | e organization's position that its supported organization(s) would have engaged in th ganization's involvement. | iese a | ctivities but for the | 2b | | |
| 3 Pa | rent of Supported Organizations. Answer lines 3a and 3b below. | | | 20 | | |
| a Die | the organization have the power to regularly appoint or elect a majority of the office supported organizations? If "Yes" or "No", provide details in Part VI. | cers, o | directors, or trustees of each of | 3a | | |
| | the organization exercise a substantial degree of direction over the policies, progra | | | | | |
| su | pported organizations? If "Yes," describe in Part VI. the role played by the organization | tion ii | | 3b | | |
| | | | Schedule A | (Forn | ո 990) | 202: |
| | Page 6 | | | | | |
| | Page 6 | | | | | |
| Schedule | A (Form 990) 2021 | | | | | Page (|
| Part \ | | raani | izations | | | age (|
| 1 _ | Check here if the organization satisfied the Integral Part Test as a qualifying trus | | | (T) So | | |
| | instructions. All other Type III non-functionally integrated supporting organization | ions i | nust complete Sections A through | 1). Se gh E. | | |
| S | ection A - Adjusted Net Income | | (A) Prior Year | | rent Yea onal) | ar |
| 1 Ne | t short-term capital gain | 1 | | | | |
| 2 Re | coveries of prior-year distributions | 2 | | | | |
| 3 Ot | her gross income (see instructions) | 3 | | | | |
| 4 Ac | d lines 1 through 3 | 4 | | | | |
| | preciation and depletion | 5 | | | | |
| ind | rtion of operating expenses paid or incurred for production or collection of gross come or for management, conservation, or maintenance of property held for oduction of income (see instructions) | 6 | | | | |
| 7 Ot | her expenses (see instructions) | 7 | | | | |
| 8 Ac | ljusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | | | | |
| S | ection B - Minimum Asset Amount | | (A) Prior Year | | rent Yea onal) | ar |
| | gregate fair market value of all non-exempt-use assets (see instructions for short x year or assets held for part of year): | 1 | | | | |
| a Av | erage monthly value of securities | 1a | | _ | | |

1b

1c

1d

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

d Total (add lines 1a, 1b, and 1c)

 $\boldsymbol{c}\ \ \mbox{Fair market value of other non-exempt-use assets}$

e Discount claimed for blockage or other factors

| | , | | • | |
|---|--|---|----------------------------------|--------------|
| | (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 | | ad Time III composition assessin | -ti (|

Schedule A (Form 990) 2021

— Раде 7 **—**

Schedule A (Form 990) 2021

Page **7**

| Section D - Distributions | | Current Year |
|--|----|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | 1 | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 | |
| 4 Amounts paid to acquire exempt-use assets | 4 | |
| 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) | 5 | |
| 6 Other distributions (describe in Part VI). See instructions | 6 | |
| 7 Total annual distributions. Add lines 1 through 6. | 7 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions | 8 | |
| 9 Distributable amount for 2021 from Section C, line 6 | 9 | |
| 10 Line 8 amount divided by Line 9 amount | 10 | |
| (ii) | | (iii) |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021: | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | 1 | | |

| 0/27/24, 8:25 AM M | illwaukee Film Inc - Full Fili | ing- Nonprofit Explorer - ProPublic | ca |
|--|--|--|--|
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |
| | Page 8 | Sci | hedule A (Form 990) (2021 |
| Schedule A (Form 990) 2021 | | | Page S |
| Part VI Supplemental Information. Provide the explanation 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; on E, lines 1c, 2a, 2b, 3a a | ; Part IV, Section B, lines 1 and 2 and 3b; Part V, line 1; Part V, Sect | ; Part IV, Section C, line 1; tion B, line 1e; Part V |
| | | | |
| Fa | acts And Circumstances | Test | |
| | | | |
| | | | |

Additional Data

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Schedule A (Form 990) 2021

| efile Public Visual Render | ObjectId: 20221196934930231 | 6 - Submission: 2022-07-15 | | TIN: 26-3049630 | | | |
|--|--|--|--|---|--|--|--|
| Schedule B | Schedi | ule of Contributors | | OMB No. 1545-0047 | | | |
| (Form 990) Department of the Treasury Internal Revenue Service | Department of the Treasury Go to www.irs.gov/Form990 for the latest information. | | | | | | |
| Name of the organization MILWAUKEE FILM INC | | | Employer id | entification number | | | |
| Organization type (check o | ne): | | 26-3049630 | | | | |
| Filers of: | Section: | | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) c | organization | | | | | |
| | 4947(a)(1) nonexempt char | ritable trust not treated as a private found | dation | | | | |
| | ☐ 527 political organization | | | | | | |
| Form 990-PF | 501(c)(3) exempt private fo | undation | | | | | |
| | 4947(a)(1) nonexempt char | ritable trust treated as a private foundatio | on | | | | |
| | 501(c)(3) taxable private fo | undation | | | | | |
| under sections 509(a received from any or | a)(1) and 170(b)(1)(A)(vi), that che ne contributor, during the year, tota | g Form 990 or 990-EZ that met the 33 ¹ /39 ecked Schedule A (Form 990 or 990-EZ), al contributions of the greater of (1) \$5,00 | Part II, line 13, | 16a, or 16b, and that | | | |
| For an organization of during the year, total purposes, or for the For an organization of during the year, cont If this box is checked purpose. Don't comp | contributions of more than \$1,000 prevention of cruelty to children or described in section 501(c)(7), (8) ributions exclusively for religious, d, enter here the total contributions lete any of the parts unless the G | , or (10) filing Form 990 or 990-EZ that re control exclusively for religious, charitable, sciest animals. Complete Parts I, II, and III. The control of th | entific, literary, of eceived from any ontributions tota in exclusively rel because it receive | r educational y one contributor, led more than \$1,000. ligious, charitable, etc., | | | |
| Caution: An organization th 990-EZ, or 990-PF), but it m | at isn't covered by the General Ru u st answer "No" on Part IV, line 2 | or more during the year | - Schedule B (Forn e H of its Form 9 | | | | |
| For Paperwork Reduction Act N for Form 990, 990-EZ, or 990-PF | | Cat. No. 30613X | Sch | edule B (Form 990) (2021) | | | |
| | | —— Page 2 ——————————————————————————————————— | | | | | |
| | | | | | | | |
| Schedule B (Form 990) (202 | 21) | | Page 2 | | | | |

Name of organization https://projects.propublica.org/nonprofits/organizations/263049630/202211969349302316/full

Employer identification number

| 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 |
| | , | \$ NESTRICTED | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _ | | | Person |
| - | | \$ | Payroll |
| | | Ψ | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person |
| - | | 4 | 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 |
| | - | Φ | Noncash |
| | | | (Complete Part II for noncash contributions.) |
| | | | Schedule B (Form 990) (2021) |
| | Page 3 | | |
| Schedule R | (Form 990) (2021) | | Page 3 |
| Name of org | anization | Employer identification | |
| MILWAUKEE | FILM INC | 26-3049630 | |
| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |

| - | | | | \$_ | |
|---------------------------|--|---|------------------------------------|---------------|--------------------------|
| (a) No. from Part I | (b) Description of noncash | property given | (c) FMV (or est (See instruc | | (d) Date received |
| - | | | | \$_ | |
| (a) No. from Part I | (b) Description of noncash | property given | (c) FMV (or est (See instruc | | (d) Date received |
| - | | | | \$ | |
| (a) No. from Part I | (b) Description of noncash | property given | (c) FMV (or est (See instruc | | (d) Date received |
| - | | | | \$_ | |
| (a) No. from Part I | (b) Description of noncash | property given | (c) FMV (or est (See instruc | | (d) Date received |
| - | | | | \$_ | |
| (a) No. from Part I | (b) Description of noncash | property given | (c) FMV (or est (See instruc | | (d) Date received |
| - | | | | \$_ | |
| | B (Form 990) (2021) | Page 4 | Emp | lover identi | Page 4 |
| MILWAUKE | E FILM INC | | | 049630 | mication 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 columns (a) to e total of exclusively religious, of tructions.) \$ | hrough (e) and th | e following | line entry. For |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (| d) Descript | tion of how gift is held |
| - | Transferee's name, address, and | (e) Transfer of gift | Relationship of tr | ansferor to t | transferee |
| (a) No. from Part I | (b) Purpose of gift (c) Use of gift | | (d) Descr | | tion of how gift is held |
| | | | | | |
| | Transferee's name, address, and | (e) Transfer of gift | Relationship of tr | ansferor to t | transferee |
| (a) | | | | | |
| `-' | // · · · · · · · · · · · · · · · · · · | l / | 1 . | | |

| 0/27/24, 8:25 AM No. τrom Part I | (b) Purpose oτ giπ | aukee Film Inc - Full Filing- Non | (a) Description of now gift is neighbor. |
|--|---------------------------------------|-----------------------------------|--|
| | Transferee's name, address, and ZIP 4 | (e) Transfer of gift 4 R | elationship of transferor to transferee |
| (a) No. from Part I | (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 R | elationship of transferor to transferee |
| | | | Schedule B (Form 990) (202 |
| | l Data | | Return to Form |

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TIN: 26-3049630 OMB No. 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Internal Revenue Service

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.

Cat. No. 52283D

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** MILWAUKEE FILM INC 26-3049630 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 2d structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

Schedule D (Form 990) 2021

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| Sche | dule D | (Form 990) 2021 | | | | | | | | | | | Page 2 |
|--------|------------------|---|---|------------------------------|---------------------------------|-----------------------|---------------------|-----------------------|--------------------|-----------------|------------------|-------------|---------------|
| Parl | : III | Organizations Ma | aintaining Col | lections of | Art, Histo | rical T | reası | ures, o | r Other | Similar A | ssets (contii | nued) | |
| 3 | | the organization's acquicheck all that apply): | uisition, accessior | n, and other r | ecords, chec | k any of | the fo | llowing | that are a | a significant ı | use of its colle | ection | |
| а | | Public exhibition | | | d | | Loan | or exch | ange pro | grams | | | |
| b | | Scholarly research | | | е | | Othe | er | | | | ·• | |
| С | | Preservation for future | generations | | | | | | | | | | |
| 4 | Provid Part X | de a description of the o | organization's coll | ections and e | explain how t | hey furt | her th | e organi | zation's e | exempt purpo | se in | | |
| 5 | During assets | g the year, did the orga s to be sold to raise fun | nization solicit or ids rather than to | receive dona be maintaine | ations of art, ed as part of | historica the orga | al trea: anizati | sures or on's coll | other sin ection?. | nilar | ☐ Yes | □ N | 0 |
| Par | t IV | Escrow and Custo Complete if the org line 21. | | | on Form 99 | 0, Part | IV, lii | ne 9, o | r reporte | ed an amou | nt on Form | 990, | Part X, |
| 1a | Is the | e organization an agent, led on Form 990, Part X | , trustee, custodia 〈? | an or other in | termediary f | or contri | ibution | s or oth | er assets | not | ☐ Yes | | 0 |
| b | If "Ye | s," explain the arranger | ment in Part XIII | and complete | e the followin | a table: | | | | A | mount | | _ |
| c | | ning balance | | • | | - | | | 1c | | | | _ |
| d | Additi | ions during the year | | | | | | | 1d | | | | _ |
| е | Distril | butions during the year | | | | | | | 1e | | | | _ |
| f | Endin | g balance | | | | | | | 1f | | | | _ |
| 2a | Did th | ne organization include a | an amount on Fo | rm 990, Part | X, line 21, fo | r escrov | v or cu | ıstodial | account li | iability? | ☐ Yes | \square N | 0 |
| b | If "Ye | s," explain the arranger | ment in Part XIII. | Check here i | f the explana | ition has | s been | provide | d in Part | XIII | | | |
| Pa | rt V | Endowment Fund | | | | | | | | | | | |
| | | Complete if the org | ganization answ | /ered "Yes" (a) Current | | 0, Part | | | years back | (d) Three ye | ars back (e) F | our vea | rs hack |
| 1a | Beginni | ing of year balance . | | (u) current | year (D) | rillor yes | 41 | (6) 1110 | years back | (u) Thice ye | dis back (C) i | our yeu | 15 Buck |
| b | Contrib | outions | | | | | | | | | | | |
| c | Net inv | estment earnings, gains | 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 percen I designated or quasi-er | - | ent year end b | palance (line | 1g, colu | ımn (a |)) held a | as: | | | | |
| b | Perma | anent endowment 🕨 | | | | | | | | | | | |
| c | Term | endowment 🕨 | | | | | | | | | | | |
| _ | | ercentages on lines 2a, | • | • | | | | | | | | | |
| 3а | | nere endowment funds i iization by: | not in the posses | sion of the or | ganization th | at are r | ield an | id admir | nistered fo | or the | | Yes | No |
| | _ | nrelated organizations | | | | | | | | | 3a(i) | | |
| | | elated organizations . | | | | | | | | | 3a(ii) | | |
| b | | s" on 3a(ii), are the rela | 3 | | • | | !? . | | | | 3b | | |
| 4 | | ibe in Part XIII the inte | | | s endowmen | t funds. | | | | | | | |
| Par | t VI | Land, Buildings, a Complete if the org | | | on Form 99 | 0. Part | IV. lii | ne 11a. | See Fo | rm 990. Pai | rt X. line 10 | _ | |
| | Descri | ption of property | (a) Cost or oth (investme | er basis (| (b) Cost or oth | | | | | depreciation | | ok value | e |
| 1a | Land | | | | | | | | | | | | |
| b | Buildin | gs | | | | | | | | | | | |
| | | old improvements | | | | | 26,639 | - | | 518,152 | | 4, | 908,487 |
| | | nent | | | | | 27,487 | | | 483,537 | | | 543,950 |
| | | lines 12 through 10 (Co | olumn (d) must - | aual Farm of | 00 Part V | | 53,023 | | | 224,232 | | | 128,791 |
| ota | ı. Aud | lines 1a through 1e. (Co | oiaiiiii (α) Must ε | yuai roiTti 95 | o, rail X, CO | iuiiiii (B | y, iine | 10(C).) | • • | | odulo D (Eo | | .581,228 |

chedule D (Form 990) 2021

10/27/24, 8:25 AM Milwaukee Film Inc - Full Filing- Nonprofit Explorer - ProPublica Schedule D (Form 990) 2021 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: Book value Cost or end-of-year market value (including name of security) (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

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

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.

| Add lines 2 at through 2d. Subtract line 2b from 990, Part VIII, put not on line 1: Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 12. Total revenue, Add lines 3 and 4b. (This must equal Form 990, Part I, line 12.) Total revenue, and do lines 3 and 4c. (This must equal Form 990, Part IX, line 12.) Total revenue and use of facilities Other (Describe in Part XIII.) Add lines 2a through 2d. Total revenue so form 990, Part IX, line 25: Donated services and use of facilities Described in Fart XIII.) Add lines 2a through 2d. Total revenue so form 990, Part IX, line 12. Total revenue so form 990, Part IX, line 25: Donated services and use of facilities Described in Part XIII.) Add lines 2a through 2d. Total revenue so form 990, Part VIII, line 12. Total revenue so form 990, Part IX, line 25: Donated services on the subject of the subject line 1 but not on form 990, Part IX, line 25: Donated services and use of facilities Described in Part XIII.) Add lines 4a and 4b. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IX, line 12.) Total revenue so form 990, Part IX, line 25: Donated services and use of facilities Described in Part XIII.) Add lines 4a and 4b. Total revenue so form 990, Part IX, line 25: Donated services and use of facilities Described in Part XIII.) Add lines 2a through 2d. Total revenue so form 990, Part IX, line 25: Donated services and use of facilities Described in Part XIII.) Add lines 2a through 2d. Total revenue so form 990, Part IX, line 25: Donated services and use of facilities Described in Part XIII. Add lines 2a through 3d. Total revenue so form 990, Part IX, line 25: Donated services and use of facilities Described in Part XIII. Add lines 2a through 3d. Total revenue so form 990, Part IX, line 25: Donated services in Part XIII. Add lines 2a through 3d. Total revenue so form 990, Part IX, line 25: Described in Part XIII. Suppleme | ., | | | | | |
|--|--|---|----------|----------------------------|---------------|-------------------------|
| ability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the mization'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) 2021 Page 4 dulle D (Form 990) 2021 Page 4 rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete If the organization answered Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements ■ 1 6,401,301 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments ■ 2a 58 Donated services and use of facilities ■ 2b 500,471 Add lines 2a through 2d 49,773 Add lines 2a through 2d 950,186 Subtract line 2e from line 1 ■ 3 5,451,115 Investment expenses not included on Form 990, Part VIII, line 7b 4a | | | | | | |
| Application Part XII Page 4 Page 5 Page 6 Pag | | | | | | |
| Application Part XIII Page 4 Page 5 Page 6 Pa | | | | | | |
| Application Part XIII Page Pa | _ | | | | | |
| Application Part XIII Page Pa | | | | | | |
| Add lines 2 at through 2d. Subtract line 2e from 1990, Part VIII., line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII., line 7b. Add lines 4a and 4b. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12a. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. Total revenue. Add lines 2 at through 2d. Amounts included on form 990, Part VIII.) Add lines 2a through 2d. Total revenue be in Part XIII.) Add lines 2a through 2d. Total revenue be in Part XIII.) Add lines 2a through 2d. Total revenue be in Part XIII.) Add lines 2a through 2d. Total revenue be in Part XIII.) Add lines 2a through 2d. Total revenue be in Part XIII.) Add lines 2a through 2d. Total revenue be in Part XIII.) Add lines 2a through 2d. Total revenue and use of facilities Denated services and use of facilities 2 b. 5 c. 4 c. 0 c. 0 c. 1 c. 4 c. 0 c. 1 c. 1 c. 2 c. 950,186 Add lines 2d. 4 c. 0 c. 1 c. 1 c. 2 c. 950,186 Add lines 4a and 4b. Total revenue and lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements with Expenses per Return. Complete if the organization answered Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements with Expenses per Return. Complete if the organization answered Yes' on Form 990, Part IV, line 12b. Add lines 2a through 2d. 2 c. 2 c. Chher (Describe in Part XIII.) Add lines 2a through 2d. Amounts included on In In 1b un to on Form 990, Part IV, line 12b. Add lines 2a through 2d. 5 c. 2 c. Chher (Describe in Part XIII.) Add lines 2a through 2d. 5 c. 4 c. 4 c. 4 c. 4 c. 5 c. 6 c. 6 c. 7 c. 7 c. 7 c. 7 c. 7 c. 8 c. 8 c. 8 c. 9 c. | | | | | | |
| Application Part XIII Page Pa | | | | | | |
| Application Part XIII Page Pa | | | | | | |
| Application Part XIII Page Pa | | | | | | |
| Application Part XIII Page Pa | | | | | | |
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| Application Part XIII Page Pa | | | | | | |
| Schedule D (Form 990) 2021 Page 4 Adule D (Form 990) 2021 Adule | otal. (Column (b) must equal Form 990, Part X, col.(B) line 25 | 5.) | | | > | |
| Adule D (Form 990) 2021 Page 4 Int XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Recoveries of prior year grants Donated services and use of facilities Donated services and use of facilities Dotated from line 1 Add lines 2a through 2d Subtract line 2e from line 1 Dotate (Describe in Part XIII.) Dotate (Describe in Part XIII.) Add lines 3a and 4b. Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Dotated services and use of facilities Dotated services and use of facil | | | | • | | · _ |
| Adule D (Form 990) 2021 TRECONCILIATION OF Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements | ganization's liability for uncertain tax positions under | FIN 48 (ASC 740). Check her | e if the | e text of the footnote has | | |
| Adulte D (Form 990) 2021 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a | | | | | Schedule | D (Form 990) 2021 |
| Adulte D (Form 990) 2021 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a | | | | | | |
| Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Add lines 2a through 2d. Add lines 2a from line 1 Add lines 4a and 4b. Complete if the organization answered Yes' on Form 990, Part IV, line 12b. Total revenue and uses of facilities Complete grants Complete grants Add lines 3a and 4c. (This must equal Form 990, Part IV, line 12b. Donated services and use of facilities Amounts included on Ine 1 but not on Form 990, Part VIII, line 12b. Add lines 4a and 4b. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12b. Total expenses and itosses per audited financial statements Complete if the organization answered Yes' on Form 990, Part IV, line 12b. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Add lines 2a through 2d. Subtract line 2e from line 1 Add lines 2a through 2d. Subtract line 2e from line 1 Investment expenses not included on Form 990, Part IX, line 25: Donated services and use of facilities Add lines 2a through 2d. Subtract line 2e from line 1 Add lines 2a through 2d. Subtract line 2e from line 1 Subtract line 2e from line 1 Subtract line 3 and 4c. (This must equal Form 990, Part IV, line 1b.) Add lines 2a through 2d. Subtract line 2e from line 1 Subtract line 2e from line 1 Subtract line 3 and 4c. (This must equal Form 990, Part IV, line 2b.) Subtract line 3 and 4c. (This must equal Form 990, Part IV, line 2b.) Add lines 4a and 4b. Subtract line 2e from line 1 Subtract line 3 and 4c. (This must equal Form 990, Part IV, line 2b.) Subtract line 2e from line 1 Add lines 4a and | | Page 4 | | | | |
| Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Add lines 2a through 2d. Add lines 2a from line 1 Add lines 4a and 4b. Complete if the organization answered Yes' on Form 990, Part IV, line 12b. Total revenue and uses of facilities Complete grants Complete grants Add lines 3a and 4c. (This must equal Form 990, Part IV, line 12b. Donated services and use of facilities Amounts included on Ine 1 but not on Form 990, Part VIII, line 12b. Add lines 4a and 4b. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12b. Total expenses and itosses per audited financial statements Complete if the organization answered Yes' on Form 990, Part IV, line 12b. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Amounts included on Form 990, Part IX, line 25: Donated services and use of facilities Add lines 2a through 2d. Subtract line 2e from line 1 Add lines 2a through 2d. Subtract line 2e from line 1 Investment expenses not included on Form 990, Part IX, line 25: Donated services and use of facilities Add lines 2a through 2d. Subtract line 2e from line 1 Add lines 2a through 2d. Subtract line 2e from line 1 Subtract line 2e from line 1 Subtract line 3 and 4c. (This must equal Form 990, Part IV, line 1b.) Add lines 2a through 2d. Subtract line 2e from line 1 Subtract line 2e from line 1 Subtract line 3 and 4c. (This must equal Form 990, Part IV, line 2b.) Subtract line 3 and 4c. (This must equal Form 990, Part IV, line 2b.) Add lines 4a and 4b. Subtract line 2e from line 1 Subtract line 3 and 4c. (This must equal Form 990, Part IV, line 2b.) Subtract line 2e from line 1 Add lines 4a and | hedule D (Form 990) 2021 | | | | | Page 4 |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements | , | udited Financial Statem | ents | With Revenue per Ro | eturn. | r age 4 |
| Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . | | | | | ccuiiii | |
| Net unrealized gains (losses) on investments 2 | Total revenue, gains, and other support per audi | ted financial statements . | | | 1 | 6,401,301 |
| Donated services and use of facilities 2 b 500,471 Recoveries of prior year grants 2 c 2 c 3 d 449,773 Add lines 2a through 2d 2 2 d 449,773 Add lines 2a through 2d 3 5,451,115 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 5 d 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Amounts included on line 1 but not on Form 990 | , Part VIII, line 12: | | • | | |
| Recoveries of prior year grants 22 | a Net unrealized gains (losses) on investments . | | 2a | -58 | | |
| Add lines 2a through 2d | b Donated services and use of facilities | | 2b | 500,471 | | |
| Add lines 2a through 2d | c Recoveries of prior year grants | | 2c | | | |
| Subtract line 2e from line 1 | d Other (Describe in Part XIII.) | | 2d | 449,773 | | |
| Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b Add lines 4a and 4b | e Add lines 2a through 2d | | | | 2e | 950,186 |
| Investment expenses not included on Form 990, Part VIII, line 7b . 4b 4b 4c 0 Other (Describe in Part XIII.) . 4b 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . 5 5,451,115 IXII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | Subtract line 2e from line 1 | | | | 3 | 5,451,115 |
| Other (Describe in Part XIII.) Add lines 4a and 4b | Amounts included on Form 990, Part VIII, line 12 | 2, but not on line 1: | | • | | |
| Add lines 4a and 4b | a Investment expenses not included on Form 990, | Part VIII, line 7b . | 4a | | | |
| Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | b Other (Describe in Part XIII.) | | 4b | | | |
| Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | c Add lines 4a and 4b | | | | 4c | 0 |
| Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements | Total revenue. Add lines 3 and 4c. (This must ed | qual Form 990, Part I, line 12. |) . | | 5 | 5,451,115 |
| Total expenses and losses per audited financial statements | Part XII Reconciliation of Expenses per A | Audited Financial Stater | nents | With Expenses per | Return. | |
| Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | · · · · · · · · · · · · · · · · · · · | | | ine 12a. | 1 | |
| Donated services and use of facilities | Total expenses and losses per audited financial s | statements | • | | 1 | 5,075,400 |
| Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | Amounts included on line 1 but not on Form 990 | , Part IX, line 25: | | i | | |
| Other (Describe in Part XIII.) | a Donated services and use of facilities | | 2a | 526,200 | | |
| Other (Describe in Part XIII.) | b Prior year adjustments | | 2b | | | |
| Add lines 2a through 2d | c Other losses | | 2c | | | |
| Subtract line 2e from line 1 | d Other (Describe in Part XIII.) | | 2d | | | |
| Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | e Add lines 2a through 2d | | | | 2e | 526,200 |
| Investment expenses not included on Form 990, Part VIII, line 7b | Subtract line 2e from line 1 | | | | 3 | 4,549,200 |
| Other (Describe in Part XIII.) | Amounts included on Form 990, Part IX, line 25, | but not on line 1: | | | | |
| Add lines 4a and 4b | a Investment expenses not included on Form 990, | Part VIII, line 7b | 4a | | | |
| Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | b Other (Describe in Part XIII.) | | 4b | -449,773 | | |
| Supplemental Information ovide 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, es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation | c Add lines 4a and 4b | | • | | 4c | -449,773 |
| ovide 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, es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation | Total expenses. Add lines 3 and 4c. (This must e | equal Form 990, Part I, line 18 | B.) . | | 5 | 4,099,427 |
| es 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation | Part XIII Supplemental Information | | | | | |
| Return Reference Explanation | | | | | V, line 4; Pa | art X, line 2; Part XI, |
| · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | , | , | | | |
| T X, LINE 2: THE ORGANIZATION HAS RECEIVED NOTIFICATION THAT IT QUALIFIES AS A TAX-EXEMPT | ART X, LINE 2: | THE ORGANIZATION HAS | RECET\ | <u> </u> | Τ ΟΠΑΙΤΕΤΕ | |
| ORGANIZATION UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE AND | UNI A, LIIVE Z. | ORGANIZATION UNDER SE | CTION | 1501(C)(3) OF THE U.S. II | NTĒRNAL RI | EVENUE CODE AND |
| CORRESPONDING PROVISIONS OF STATE LAW AND, ACCORDINGLY, IS NOT SUBJECT TO FE OR STATE INCOME TAXES. THE ORGANIZATION CURRENTLY HAS NO UNRELATED BUSINESS | | | | | | |
| INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED. THE | | INCOME. ACCORDINGLY, N | IO PRO | VISION FOR INCOME TAX | ES HAS BEE | EN RECORDED. THE |
| ORGANIZATION HAS IMPLEMENTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES IN | | | | | | |
| ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STAT AMERICA. THIS STANDARD PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT | | | | | | |

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| | Schedule D (Form 990) 2021 |
|--|---|
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | EMPLOYEE RETENTION CREDIT -449,773. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | OTE EXPENSES |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | EMPLOYEE RETENTION CREDIT 449,773. |
| | 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 DISCLOSURE REQUIRED. THE ORGANIZATION RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE. |
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PART I, LINE 2

10/27/24, 8:25 AM Milwaukee Film Inc - Full Filing- Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202211969349302316 - Submission: 2022-07-15 TIN: 26-3049630 Note: To capture the full content of this document, please select landscape mode $(11" \times 8.5")$ when printing. OMB No. 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) **Governments and Individuals in the United States** Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990. Open to Public Department of the Inspection Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Employer identification number MILWAUKEE FILM INC 26-3049630 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (a) Name and address of (c) IRC section (if applicable) (b) EIN (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of noncash assistance (h) Purpose of grant grant organization (book, FMV, appraisal, or assistance or government assistance other) (1) ARTSPEAK MEDIA 47-4065053 31,486 FISCAL AGENT (2) BUFFALO STAMPEDE PRODUCTION 45-3726402 79,263 FISCAL AGENT SCHOLARSHIP (3) 371 PRODUCTIONS FISCAL AGENT SCHOLARSHIP 34-2016905 5,700 (4) CYCLE DOCUMENTARY FISCAL AGENT 85-4190432 23,250 0 SCHOLARSHIP Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 \blacktriangleright 0 Enter total number of other organizations listed in the line 1 table . Cat. No. 50055P For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2021 Page 2 -Schedule I (Form 990) 2021 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if (b) Number of recipients (c) Amount of cash grant (d) Amount of noncash assistance (e) Method of valuation (book FMV, appraisal, other) (a) Type of grant or assistance (f) Description of noncash assistance (1) (2) (3) (4) (5) (6) (7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation

Additional Data Return to Form

> Software ID: Software Version:

Schedule I (Form 990) 2021

2

4b

4c

5a

5b

6a

6b

7

8

No

No

No

No

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No

10/27/24, 8:25 AM Milwaukee Film Inc - Full Filing- Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202211969349302316 - Submission: 2022-07-15 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. Open to Public 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 . 1b

 $\hfill \square$ Written employment contract

Compensation survey or study

Approval by the board or compensation committee

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? .

V

During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a

Participate in, or receive payment from, an equity-based compensation arrangement? . . .

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

For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any

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

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

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

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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.

2

Compensation committee Independent compensation consultant

Form 990 of other organizations

compensation contingent on the revenues of: The organization?

If "Yes," on line 5a or 5b, describe in Part III.

If "Yes," on line 6a or 6b, describe in Part III.

compensation contingent on the net earnings of:

Any related organization?

Receive a severance payment or change-of-control payment? . . .

Page 2 -Schedule J (Form 990) 2021 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 sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (i) Base compensation | of W-2, 1099-MISI and/or 1099-NEC (ii) Bonus & incentive compensation | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|-----------------------|--|---|---|--------------------------------|---------------------------------------|---|
| 1 JONATHAN JACKSON CHIEF EXECUTIVE OFFICER | (i) | 216,347 | 0 | 0 | 2,241 | 341 | 218,929 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
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| | | L | 1 | | Schedule J (Form 990) 2021 |
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| | | Page 3 - | | | |
| C | | | | | |
| Schedule J (Form 990) 2021 Part III Supplemental Information | | | | | Page 3 |
| Provide the information, explanation, or descriptions required | for Part I, lines 1a, 1b, 3 | , 4a, 4b, 4c, 5a, 5b, 6a | , 6b, 7, and 8, and for Part | II. Also complete this part | for any additional information. |
| Return Reference | | | Explanation | | · |
| | | | | | Schedule J (Form 990) 2021 |
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| Additional Data | | | | | Return to Form |
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Software ID: Software Version: efile Public Visual Render

ObjectId: 202211969349302316 - Submission: 2022-07-15

TIN: 26-3049630

Schedule L

(Form 990)

Department of the Treasury

Transactions with Interested Persons

▶ 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.

► 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

Open to Public

| Internal Revenue Servi | ce | | | | | | | | | | | | Ins | pecti | on |
|------------------------|--|----------|--------------|------------------------|-----------------------|------------------------------------|---------------|----------|--------|-------------|--------------------|-----------------|----------|---------|-----------------|
| Name of the or | | | | | | | | | Em | plo | yer ide | entifica | ition i | numbe | er |
| MILWAUKEE FILM | INC | | | | | | | | 26- | -304 | 9630 | | | | |
| Part I Exc | ess Benefit | Tran | sactions | (section 501 | (c)(3), section | n 501(c)(4), and | section ! | 501(c)(| 29) c | orgar | nization | ns only) |). | | |
| | | | | | | t IV, line 25a or | | | | | | | | | |
| 1 (| a) Name of di | squalif | ied person | (b) | Relationship | between disqua organization | lified pers | on and | (| | escript ansacti | | _ | | ected? |
| | | | | | | organization | | | | CI | ansacti | 011 | ┯ | 'es | No |
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| | | | | | | isqualified perso organization. | | , the ye | ear ui | nuer • • | . ▶ | \$ —— \$ —— | | | |
| Co | oans to and emplete if the ported an amo | organi | zation answ | ered "Yes" o | n Form 990-E | Z, Part V, line 3 | 8a, or For | m 990, | Part | IV, I | ine 26; | ; or if tl | he org | anizati | ion |
| (a) Name of | (b) Relatio | nship | (c) Purpos | e (d) Loan | to or from the | | | | (g) | | | h) | | i) Writ | |
| interested perso | n with organiz | zation | of loan | orga | inization? | principal amount | due | (| defau | ult? | | ved by rd or | a | greem | ent? |
| | | | | | | | | L | | | | nittee? | | | |
| | | | | То | From | | | Y | es/ | No | Yes | No | Yes | 1 | No |
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| | | | | | ested Pers | ons. 990, Part IV, | line 27 | | | | | | | | |
| (a) Name of inte | | _ | | ip between | 1 | t of assistance | _ | ype of | assis | tanc | e | (e) Pui | rpose | of assi | stance |
| | · | inte | | son and the | | | ` ` | | | | | • • | • | | |
| | | + | organiza | ation | | | 1 | | | | | | | | |
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| For Paperwork Re | duction Act No | tice s | oo the Instr | uctions for Fo | rm 990 or 990 | 1-F7 C: | at. No. 500 | 564 | | | | Schodi | ulo I (E | orm O | 90) 2021 |
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| | | | | | Pag | ge 2 ——— | | | | | | | | | |
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| Schedule L (Forn | າ 990) 2021 | | | | | | | | | | | | | | Page 2 |
| | | | | | rested Persons | sons. 990, Part IV, | line 28a | . 28b. | or 2 | 8c. | | | | | |
| | ne of intereste | | | (b) Rela | ationship | (c) Amour | nt of | | | | on of tr | ransact | ion | | Sharing |
| | | | | | interested and the | transacti | on | | | | | | | | of ization's |
| | | | | | ization | | | | | | | | ļ | | nues? |
| | | | | | | | | | | | | | | Yes | No |
| (1) JONJA HOLD | INGS | | | OWNERS AR BOARD MEM | - | | 164,834 | OFFICE | LEA | SE A | GREEM | 1ENT | ļ | | No |
| (2) STAMM BUSI | NESS TECHNO | DLOGIE | ES . | OWNER IS A | | | 9,796 | AV & TI | ECHN | NOLC | GY EO | UIPMEI | NT | | No |
| | | | | MEMBER | | | , | PURCH. | ASES | 5 | | | | | |
| (3) DEPERE LIQU | JOR | | | PRESIDENT MEMBER | IS A BOARD | | 3,428 | CONCE | SSIC | ONS : | INVENT | ORY | | | No |
| (4) IHEART RAD | IO | | | VP SALES IS | A BOARD | | 6,049 | ADVER | TISI | NG P | ARTNE | R | | | No |

MEMBER

| rt V Supplemental Information Provide additional information for response Return Reference | s to questions on Schedule L (see instructions). Explanation | |
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ObjectId: 202211969349302316 - Submission: 2022-07-15

TIN: 26-3049630

SCHEDULE M (Form 990)

Noncash Contributions

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** MILWAUKEE FILM INC 26-3049630 Part I Types of Property (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining items contributed amounts reported on noncash contribution amounts applicable Form 990, Part VIII, line 1g Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household aoods 6 Cars and other vehicles . . Boats and planes Intellectual property . . . 83,881 FMV Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous . . Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . 15 Real estate—Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . . Collectibles 18 19 Food inventory . . . Drugs and medical supplies . 20 Taxidermy 21 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► (__ 26 Other ► (-27 Other ▶ (_ 28 Other ► (. Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a No **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 No 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Cat. No. 51227J

Schedule M (Form 990) (2021)

– Page 2 *–*

Schedule M (Form 990) (2021)

describe in Part II.

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) (2021)

Additional Data Return to Form

Software ID:

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ObjectId: 202211969349302316 - Submission: 2022-07-15

TIN: 26-3049630

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

2021

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Employer identification number

Name of the organization MILWAUKEE FILM INC

| | 26-3049630 |
|---|--|
| 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. |

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

NO CHANGE FROM THE PRIOR YEAR.

AVAILABLE UPON REQUEST.

DEFERRED IN-KIND -25.729.

Cat. No. 51056K

ORGANIZATION WILL MAKE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIALS STATEMENTS

Schedule O (Form 990) 2021

Additional Data

FORM 990.

SECTION C, LINE 19 FORM 990.

PART VI,

PART XI, LINE 9: FORM 990,

PART XII, LINE 2C:

Return to Form

Software ID:

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efile Public Visual Render ObjectId: 202211969349302316 - Submission: 2022-07-15

TIN: 26-3049630 OMB No. 1545-0047

SCHEDULE R

| (Form 990) | ► Com | plete if the orga | organizati nization answer Att www.irs.gov/Form | ed "Yes' tach to F | " on Form 99 orm 990. | 0, Part I\ | V, line 3 | 33, 34, 35 | b, 36, or 3 | 37. | | | | 0 | 21 Publication | С |
|---|--|---------------------------------------|---|---|--|---|--|---------------------------------|--|-----------------------|----------------------------|--|---------------------------|----------|------------------------------------|------------------|
| Internal Revenue Service Name of the organization MILWAUKEE FILM INC | | | | | | | | | | - | lentific | cation num | | - | | |
| Part I Identification of | Disregarded Entit | ies. Complete | if the organizati | on answ | ered "Yes" o | n Form 9 | 90, Pa | rt IV, line | - | 49630 | | | | | | |
| | (a) | · · · · · · · · · · · · · · · · · · · | 1 (| (b) y activity | Legal do | (c) micile (state gn country) | то | (d) tal income | End-of-ye | e) ear asset | ts | Direct | (f) controll entity | ling | | |
| (1) IFM FARWELL LLC 1037 WEST MCKINLEY AVENUE MILWAUKEE, WI 53205 | | | OPERATE ON CINEMAS IN MILWAUKEE | THE | EE | WI | | | | | MIL | WAUKEE FILM | INC | | | - |
| | | | | | | | | | | | | | | | | - |
| | | | | | | | | | | | | | | | | - |
| | | | | | | | | | | | | | | | | - |
| Part II Identification of R related tax-exempt (a | organizations durin | | ons. Complete if | the org | anization an | swered " | | n Form 99 | | (, line : | 34 bec | ause it had | | or m | nore | 1) |
| | Name, address, and EIN of related organization | | Primary act | ivity | Legal domicile | r foreign country) | | Exempt Code section | | arity sta n 501(c) | | Direct con entil | ntrolling | j | Section (13) con enti Yes | 512(b ntrolle |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| For Paperwork Reduction Act No | tice, see the Instru | ctions for Form | 990. | | Cat. N | lo. 50135Y | ′ | | | | | Schedule | R (Fo | rm 9 | 90) 20 |)21 |
| Schedule R (Form 990) 2021 | | | ge 2 ———— | | | | | | | | | | | | | e 2 |
| Part III Identification of R one or more related | | | | | | rganizatio | on ans | wered "Ye | s" on For | m 990 | , Part | IV, line 34 | , beca | ause | it had | |
| Name, addr | (a) ess, and EIN of organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | Predom income(n unrela excluded f under se 512-5 | ninant related, ited, from tax ections | (f) Share of total income | (g) Share of end-of-year assets | Disprop | h) ortionate ations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene mana parti | aging | Percei owne | ntage |
| (1) OTE MILWAUKEE LLC 1037 W MCKINLEY AVE 200 MILWAUKEE, WI 53205 | | | DEVELOPER OF THEATRE REHABILITATION PROJECT. | WI | VENERABLE FILM INC | RELATED | | | | Yes | No No | | Yes | No No | 99. | 000 % |
| 84-2962374 | | | | | | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Dart IV Identification CP | olated Organia ' | one Toyelle | S o Company | n c = T | ust Committee | to if the | orca | ration | word "Y | 26" 5" | Form | 000 0 | IV II: | 0.34 | | |
| Part IV Identification of R because it had one of | | anizations treat | | tion or t | | the tax ye | ear. | | | s on | | | | e 54 | | |
| (a) Name, address, and EIN of related organization | | (b) Primary activit | zy . | (c) Legal domicile | Dire | (d) ect controllin entity | ng Type | (e) of entity p, S corp, | (f) Share of tota income | Shar | (g) e of end year | -of- Perc | (h) centage nership | , | Section (13) cor | 512(b |

| | 1 | ,, | 1 1 | | ı | 1 | 1 | 1 | res | ı NO |
|---|-----------------------------------|-------------------------|-----------------|-----------------|-------------------|----------|----------------------|----------|---------|-------------|
| (1)VENERABLE FILM INC | HOLD THE ORGANIZATION'S | WI | MILWAUKEE FILM | С | | | 100.000 % | Ď | | No |
| 1037 WEST MCKINLEY AVE 200 MILWAUKEE, WI 53205 84-2981973 | INTEREST IN OTE MILWAUKEE, LLC | | INC | | | | | | | |
| 2)VERNAL FILM INC | HOLD THE INVESTORS | WI | MILWAUKEE FILM | С | | | 100.000 % | 0 | | No |
| 037 WEST MCKINLEY AVE 200 IILWAUKEE, WI 53205 4-3002507 | INTEREST IN OTE MILWAUKEE, LLC | | INC | | | | | | | |
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| | ———— Page 3 — | | | | | S | chedule R (F | orm 9 | 90) 2 | 021 |
| chedule R (Form 990) 2021 | rage 3 | | | | | | | | Do | 7 |
| Part V Transactions With Related Organ | izations. Complete if th | e organization answered | "Yes" on Form 9 | 990, Part IV, | line 34, 35b | , or 36. | | | Рас | ge 3 |
| Note. Complete line 1 if any entity is listed in Pa | * | | | | · · · | | | | Yes | No |
| 1 During the tax year, did the organization engage in | - | | = | listed in Parts | II-IV? | | | 1a | | No |
| a Receipt of (i) interest, (ii) annuities, (iii) royaltb Gift, grant, or capital contribution to related org | | | | | | | • | 1b | | No |
| c Gift, grant, or capital contribution from related or | | | | | | | | 1c | | No |
| d Loans or loan guarantees to or for related organ | | | | | | | | 1d | | No |
| e Loans or loan guarantees by related organization | | | | | | | | 1e | | No |
| f Dividends from related organization(s) | | | | | | | | 1f | | No |
| \boldsymbol{g} Sale of assets to related organization(s) . | | | | | | | | 1g | | No |
| h Purchase of assets from related organization(s) | | | | | | | | 1h | | No |
| i Exchange of assets with related organization(s) | | | | | | | | 1i | | No |
| j Lease of facilities, equipment, or other assets to | related organization(s) . | | | | | | | 1j | | No |
| k Lease of facilities, equipment, or other assets fr | om related organization(s) | | | | | | | 1k | | No |
| I Performance of services or membership or fundr | aising solicitations for relate | d organization(s) | | | | | | 11 | | No |
| \boldsymbol{m} Performance of services or membership or fundr | aising solicitations by relate | d organization(s) | | | | | | 1m | | No |
| \boldsymbol{n} Sharing of facilities, equipment, mailing lists, or | other assets with related or | ganization(s) | | | | | | 1n | | No |
| Sharing of paid employees with related organization | ation(s) | | | | | | | 10 | | No |
| p Reimbursement paid to related organization(s) | for expenses | | | | | | • | 1р | | No |
| q Reimbursement paid by related organization(s) | for expenses | | | | | | | 1q | | No |
| r Other transfer of cash or property to related org | | | | | | | - | 1r | | No |
| Other transfer of cash or property from related If the answer to any of the above is "Yes," see the | | | | | | | | 1s | Yes | |
| (a Name of relate | 1) | on who must complete th | (b) | | (c) punt involved | | (d) f determining am | ount in | walwad | |
| Name of relate | d organization | | type (a- | | 2,383,875 | COST | i determining an | iount in | ivoiveu | |
| JOTE MILWALIKEE | | | S | | | 0001 | | | | |
|)OTE MILWAUKEE | | | S | | 2,363,673 | | | | | |
|)OTE MILWAUKEE | | | S | | 2,363,673 | | | | | |
|)OTE MILWAUKEE | | | S | | 2,363,073 | | | | | |
| OTE MILWAUKEE | | | S | | 2,303,073 | | | | | |
| O)OTE MILWAUKEE | | | S | | 2,303,073 | | | | | |
| I)OTE MILWAUKEE | | | S | | د تاردولارغ | | | | | |
| 1)OTE MILWAUKEE | | | S | | 2,303,073 | s | chedule R (F | orm 9 | 90) 2 | 021 |
| t)OTE MILWAUKEE chedule R (Form 990) 2021 | Page 4 — | | S | | 2,303,073 | S | chedule R (F | orm 9 | | 021 |

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- | Are all se 501 | (e) Are all partners section 501(c)(3) ir organizations? | | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | | | (k) Percentage ownership |
|---|-----------------------------------|--|---|----------------------|--|--|--|----------------------------------|----|---|-----|----|--------------------------------|
| | | | 514) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | | |
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| for responses to ques | tions on Sch | edule R. See in | nstructions | | | | | | | | |
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| | itions on Scho | edule R. See ii | nstructions | | xplanation | 1 | | | | Schedule | R (Forn |
| | on | on | | on | on for responses to questions on Schedule R. See instructions. | on for responses to questions on Schedule R. See instructions. | on | on for responses to questions on Schedule R. See instructions. | on for responses to questions on Schedule R. See instructions. | Page 5 on for responses to questions on Schedule R. See instructions. | on for responses to questions on Schedule R. See instructions. Explanation |

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